

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Child's Garden Date: 4/27/23 Time: 9:30

Location Address: 20 Ivy Brook Rd Shelton Telephone #: 203 402-0334

e-mail address: ocgshelton@gmail.com License #: 15976 Expiration Date: 2/28/26

Capacity: 80 # of Children Present: 73 # of Staff Present: 21

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial Inspection

Observations/Corrections needed:

10 - oec Complaint procedure - In compliance
18b - Staff fingerprint - In compliance.

26 Consultant Agreements - Nurse agreement not current + Dental.

27 - Logs - Nurse annual review not observed

new 34 Nurse last logged 1/20/23. Not in compliance

99 Diaper Ointments - In compliance

37 - child's physical - in compliance

111 - Ratio's - in compliance (observed only 1 group of toddlers in gross motor room)

112 - Barrier - in compliance

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 5/11/23

Signature: Jaime Fortin

Print Name: Jaime Fortin
(OEC Representative)

Signature: Sandra Nikles

Print Name: Sandra Nikles
(Person in Charge)