

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: MORLEY EXTENDED DAY CARE Date: 5/4/23 Time: 12:30  
Location Address: 77 Bretton Rd, West Hartford Telephone #: (860)232-5336  
e-mail address: morleyextended@gmail.com License #: 13292 Expiration Date: 3/3/26  
Capacity: 91 # of Children Present: 0 # of Staff Present: 1

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

Purpose of visit: Follow-up to 3/30/23

#### Observations/Corrections needed:

- 5. Notification of change not submitted for new nurse consultant
- 13. Incomplete emergency plans posted (fire, weather, medical, evaluation).
- 16. Two staff without a complete physical/TB test on file
- 26. Social service and dental consultant contracts not current
- 27. Social service and dental consultant logs not current
- 102. Observed 3 medication authorizations on incomplete school forms (need child care form), 1 authorization missing parent signature, 1 Zyrtec authorization not on file.

Discussed: submit change form for Director after interim ends and request Technical Assistance.

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

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

Signature: Eisuuuign\*  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 5/18/2023

Signature: Melanie Nemy  
(Person in Charge)