

2023-393

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Fairy Tales Child ^{Development Center} Care + Date: 5/18/23 Time: 12:30pm

Location Address: 470 Murdock Avenue Unit 9 Mendota Telephone #: 203-440-4244

e-mail address: fairytales46@yahoo.com License #: 16150 Expiration Date: 1/20/25

Capacity: 84/44 # of Children Present: 76 # of Staff Present: 15

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 _____

Purpose of visit: Complaint/Investigation 2023-383

Observations/Corrections needed:

PK Coleen Murphy - Director/owner

(NS) 19a-79-3a(b)(8)(A) - Administration - Managing child behavior - Per Director/Staff, program has been managing child's behavior using appropriate techniques

(S) 19a-79-3a(d)(7)(H) - Administration - General Operating Policy - Program did not adhere to their written Disciplinary Action guidelines policy when program did not provide a "written warning" to parent and/or in child's file as per program's policy to do so when program asked/requested that a child not return to program. (i.e. be withdrawn/terminated)

(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: 5/25/23

Signature: Valery Williams
(OEC Representative)

Print Name: Valery Williams

Signature: Coleen Murphy
(Person in Charge)

Print Name: Coleen Murphy