

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hope Child Development Center Date: 6/5/23 Time: 9:30

Location Address: 81 Olive St. New Haven Telephone #: 203 865-4673
203 850-4719

e-mail address: michelle@hopechilddevelopment.org License #: 16314 Expiration Date: 11/30/24

Capacity: 97/40 # of Children Present: 38 # of Staff Present: 16+

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Investigation 2023 - 467

Observations/Corrections needed:

(NS) 19a-79-3a(d)(7) - Implement policies /general operating policies - insufficient evidence to support a regulatory violation related to dismissal policy and/or sick policy.

(NS) 19a-79-5a(a)(2) Child health record - observed current health record for child.

(NS) 19a-79-5a(a)(3) Illness report - operator provided evidence of illness report for this child.

(S) 19a-79-10(i) Health consultant visits - operator failed to have a nurse consultant document weekly visits since last visit on 4/19/23

(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: Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6/19/2023

Signature: Michelle Reyes
(Person in Charge)
Michelle Reyes