

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cherished Children Date: 6/21/23 Time: 9 AM
Location Address: 801 Poguonnock Rd Groton Telephone #: (860) 448 3174
e-mail address: cherishedchildren19@gmail.com License #: 160318 Expiration Date: 12/31/24
Capacity: 45 # of Children Present: 29 # of Staff Present: 7

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 _____
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Purpose of visit: complaint investigation 2023-521

Observations/Corrections needed:

⑤ 19a-79-3a(b)(8)(A) Discipline
Staff failed to follow the discipline policy when she used hands on redirection

⑤ 19a-79-3a(b)(7) New employee orientation
There is no documentation of new employee orientation for the accused staff

⑤ 19a-79-3a(d)(8)(c) personnell policies
Program does not have a supervision and discipline of staff policy available for review.

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: 7-5-23

Signature: Carly Dehoreto
(OEC Representative)
Print Name: Carolynne Dehoreto
Signature: Jessica Baron
(Person in Charge)
Print Name: Jessica Baron