

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Farnham Nursery School Date: 7/13/23 Time: 11:00 AM

Location Address: 162 Fillmore St New Haven Telephone #: 203 562 9194

e-mail address: SGDPTA@Cliffordbeers.org License #: 70617 Expiration Date: 6/30/25

Capacity: 58 # of Children Present: 35 # of Staff Present: Let

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 <u>N/A</u>
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Purpose of visit: Complaint Investigation Case 2023-600

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise the children when a child was left unattended in the bathroom for about 4 minutes.

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: 7/27/23

Signature: [Signature]
(OEC Representative)

Print Name: Lauten Hull

Signature: [Signature]
(Person in Charge)

Print Name: Shubhra Gupta