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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pumpkin Patch Child Care and Learning Center Date: 8.23.23 Time: 9:20

Location Address: 11 Kiby Rd. Telephone #: 860-635-1809

e-mail address: Ppatchcromwell@att.net License #: 12904 Expiration Date: 10.31.25

Capacity: 94 # of Children Present: 31 # of Staff Present: 9

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 7.20.23 self report inspection

Observations/Corrections needed:

19a-79-4a(c)(4)(D) Supervision: VOK

19a-79-10(g)(1) Safe Sleep: VOK

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: Betty Mayer
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: _____
(Person in Charge)