

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Alyssa Ransom Date: 10/13/23 Time: 8:50
Location Address: 10 Garden St., New Haven Telephone #: 475-800-9883
e-mail address: noell_91@hotmail.com License #: 57268 Expiration Date: 10/31/23
Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

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>Alyssa Ransom</u>
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Purpose of visit: Follow up to 9/12/23 full inspection.

Observations/Corrections needed:

- 13 - Exam 10/2/23 observed. Pending statement = send
- 53+54+55 - Observed health record and immunization^{copy}
- 58 - Compliant - discussed.
- 65 - Discussed - compliant.
- 78 - Observed/compliant.
- 94 - Administration of medication policy not written
- 102 - Medication observed locked.
- 103 - Medication observed current/not exp.
- 53 - Enrollment form observed.

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: 10/27/23

Signature: Linda Moylan
(OEC Representative)
Print Name: Linda Moylan
Signature: Alyssa Ransom
(Person in Charge)
Print Name: Alyssa Ransom