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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Northwood Child Care Date: 10/11/23 Time: 9:30

Location Address: 1129 Route 169 Woodstock Telephone #: 860 928 7012

e-mail address: jbaker@northwoodchildcare.org License #: 15882 Expiration Date: 2.28.25

Capacity: 128 # of Children Present: 56 # of Staff Present: 14

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***_____

Purpose of visit: Partial 2023-409 and 2023-2308

Observations/Corrections needed:

2023-409

(NS) 19a-79-10(c)(2) under three-ratio

all classrooms were in ratio at visit

(NS) 19a-79-10(g)(3) under three-sleep arrangements

observed no blankets in use in infant room

(NS) 19a-79-10(g)(4) under three-sleep arrangements

observed four children asleep in cribs.

2023-2308

(NS) 12.9 observed no cots in the infant classroom

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: Carolynne Delorette
(OEC Representative)
Carolynne Delorette

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

Signature: Abbe Lecuyer
(Person in Charge)
Abbe Lecuyer