

Connecticut Office of Early Childhood
Division of Licensing
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria Castillo Date: 11/2/23 Time: 2:33 PM
 Location Address: 92 School Street New London CT 06320 Telephone #: 860-984-0485
 e-mail address: maria.castilloduran96@gmail.com License #: 57720 Expiration Date: 9/30/26
 Capacity: 6+3 # of Children Present: 5 # of Staff Present: 2

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> X Maria Castillo </u>
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Purpose of visit: Follow up to 9/18/2023 visit

Observations/Corrections needed:

 Provided KI pills box - provided indicated at previous visit she did not have any.

- (NS) #13 observed current medical statement
- (NS) #21 observed evidence of background check for provider, household members and staff
- (NS) #56 observed completed emergency permission
- (NS) #62 observed flexible and balanced schedule being met by provider and staff engaged in activity; encouraging follow-through in activity involved and praising children by meeting their needs. TV was off during visit.
- (NS) #66 observed documentation of flexible balanced schedule
- (NS) #63 observed ample play equipment available and being used during visit.
- (NS) #65 observed handwashing prior to serving snacks during visit.

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: Evelyn Vicente-Quinones
 (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: MJC

Signature: X Maria Castillo
 (Person in Charge)
 Print: MARIA CASTILLO