

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hartko Activities Program Date: 11.3.23 Time: 7:30am
Location Address: 61 Adams Ave Stamford Telephone #: 203 609 9027
e-mail address: abis@roscco.org License #: 16665 Expiration Date: 5.31.25
Capacity: 160 # of Children Present: 2 # of Staff Present: 3

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: Follow Up to 9.28.23 inspection (staff files)

Observations/Corrections needed:

- #2 - New staff employee orientation - OK at inspection
- #3 Annual staff policy training - OK at inspection
- #16 Staff health records / TB tests - ~~OK at inspection~~ sm 1 staff has medical clearance with "yes" checked off without an explanation of condition or disorder that can pose a risk to children.
- #17 Professional Development - OK at inspection
- #19 Designated Head Teacher 60% - Documented head teachers do not work 60% of operating hours
- #24 CPR certified staff - OK at inspection
- #25 First Aid Trained Staff - OK at inspection

Discussion

- New head teacher works 7 1/2 hours in mornings. Original head teacher listed does not have any hours documented. Program is opened 6 1/4 hrs in the morning and 10 hrs in the afternoon. Head teacher(s) need to work 60% of operating program hours

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: 11-17-23

Signature: [Signature]
Print Name: Jon Mangano
(OEC Representative)
Signature: [Signature]
Print Name: Anna Marie Walker
(Person in Charge)