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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Branford Child Care Date: 10/3/24 Time: 8:35

Location Address: 605 Foxon Rd. North Branford Telephone #: 203 484-3344

e-mail address: nbcc484@gmail.com License #: 15729 Expiration Date: 2/28/26

Capacity: 43/29 # of Children Present: 14/9 # of Staff Present: 5

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: CQ Monitoring - visit #2

Observations/Corrections needed:

(NS) Condition 8 - Director in place since ~~April~~ Jan/Feb 2024.

(NS) Condition 9 - New director TA conducted on 7/9/2024. Documentation of TA on site for review.

(S) Condition 10 - Head teacher - not in compliance at time of visit. One candidate hired but did not work out. Position remains open. New interim plan required. Observed evidence of job posting on Indeed.

(NS) Condition 11 - * - in compliance as of 4/25/24 w/ contacting CQIS, and first training w/ staff on regs related to medications and caring for children under 3. New staff training documentation is incomplete. CQIS consultant confirmed that 9/30 training was done.

(NS) Condition 12 - CQIS observations and documentation of safe sleep 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: 10/17/2024

Signature: Karen Hicks - Fil Montanez
(OEC Representative)
Print Name: Karen Hicks Fil Montanez

Signature: Kayhla Golembieski
(Person in Charge)
Print Name: Kayhla Golembieski

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Branford Childcare License # 15729 Date: 10/3/2024

Observations/Corrections needed:

(NS) Condition 13 - Policies have been created and staff have been trained on revisions. Documentation observed.

(NS) Condition 14- Reviewed documentation of weekly CQIS visits with recommendations. Director states she reviews the recommendations with staff. Did not observe written documentation of implementation. Discussed noting implementation on form.

(NS) Condition 15- evidence of director on-site for CQIS visits observed.

(NS) Condition 17 - discussed safe sleep issues observed in infant room. Observed a mattress in one pack n' play that has bunching in the middle and two other mattresses that appeared stained. All children with these pack n plays are over 1 year and can move to cots.

(NS) Condition 19- CO has been provided to director, CQIS and health consultant.

(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: Karen Hicks (OEC Representative)

Print Name: Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/17/2024

Signature: Kayhla Golembieski (Person in Charge)

Print Name: Kayhla Golembieski