

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: Elizabeth Celatto Child Care Center Date: 10/25/24 Time: 9:00

Location Address: 181 Mitchell Dr. New Haven Telephone #: 475 220-7442

e-mail address: r.mooreevans@parentingstudents.org License #: 14338 Expiration Date: 4/30/26

Capacity: 32/32 # of Children Present: 11 # 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: Investigation 2024-1114

Observations/Corrections needed:

- (NS) 19a-79-5a(a)(1)(D)(iii) Permission for activity away from licensed premises - in compliance with regulation at time of visit.
- (NS) 19a-79-5a(a)(1)(B)(i) Permission for emergency policies - observed documentation on file.
- (S) 19a-79-5a(a)(3)(A) Injury/accident reports - operator did not have completed accident/injury reports completed at time of visit.
- (NS) 19a-79-5a(a)(3)(B) Immediate notification to parents of injuries - operator states parents were notified immediately and some were on emergency transportation w/ children.
- (P) 19a-79-3a(d) Implement policies - pending completion of interviews

(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 Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/8/2024

Signature: [Signature]
(Person in Charge)