

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Nook Date: 11/27/24 Time: 9:00 AM  
Location Address: 925 Old Buddington Rd, Groton Telephone #: 860-448-1984  
e-mail address: lilac52us@yahoo.com License #: 12743 Expiration Date: 3/31/25  
Capacity: 49 # of Children Present: 17 # of Staff Present: 4

**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: N/A

Purpose of visit: 2024-1255

Observations/Corrections needed:  
(S) 19a-79-4a(e)(6) - Health Consultant when the health consultant has an expired nursing license in which expired on 12/31/23.  
(S) 19a-79-4a(i)(1)(A)(D) - Health Consultant log when the person who completes the logs is not licensed in the state of CT.

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: 12/11/24

Signature: [Signature]  
(OEC Representative)  
Print Name: Chloe Albizu  
Signature: [Signature]  
(Person in Charge)  
Print Name: Karen Costello