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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Child Development e Taft Date: 12/2/24 Time: 1:00

Location Address: 91 Woodbury Rd Watertown Telephone #: 860 945-1595

e-mail address: CDPTafte gmail.com License #: 15642 Expiration Date: 7/31/25

Capacity: 38 # of Children Present: 19 # of Staff Present: 7

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: Partial based on last FULL inspection.

Observations/Corrections needed:

New Staff Orientation: In compliance (reviewed 3)
Annual Policy Review: In compliance (reviewed 3)
Menu's: In Compliance
Written Permission:- In Compliance (all 3 in Prek room at visit)
Staff Physicals: In Compliance (reviewed 3)
(Consultant Agreements): social service not in compliance
(Logs):- Log of annual review not observed for social service
physical plant: In compliance- (new coach/refrigerator clean)
8inches impact material: In Compliance
Group Size: In Compliance
Physical Barrier: In Compliance
Health Consultant visit: In compliance
reviewed new regulations- policy updated and new Consultant Agreements needed. OEC website for updated regulations/forms.

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: Jaime Fotin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/16/24

Signature: J Marsile
(Person in Charge)