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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Preschool Center Date: 12/17/24 Time: 1100

Location Address: 283 Main St. N. Southbury Telephone #: 203 264-4749

e-mail address: preschooldirector.uccsouthbury.org License #: 13423 Expiration Date: 5/31/26

Capacity: 33 # of Children Present: 9 # 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 12/2/24 Inspection

Observations/Corrections needed:

19a-79-5 (40)(a)(2)(E): child has ICP from doctor stating inhaler needed; Parent has stated rarely used and Medication is not at school Parent states not needed at school. Care Plan needs to come from doctor whether Medication is needed or not needed on site.

19a-79-9a (164)(b)(5)(A-B): 2 Medication forms missing start and end date

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 Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/31/24

Signature: _____
(Person in Charge)