2025-53

☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Family Tree Ministry Date: 2/5/25 Time: 11:45am

Location Address: 740 Colonel Ledyard Hwy, Ledyard, CT 06339 Telephone #: 860-383-5665

e-mail address: heathergrim@familytreeministry.org License #: 70790 Expiration Date: 10/31/28

Capacity: 40/20 # of Children Present: 35 # of Staff Present: 6

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 2025-53

Observations/Corrections needed:

PIC Heather Grim - Director -

(NS) 19a-79-4a(d)(4) - Staffing and Consultant - Ratios - Program was in approprate staff/child ratio during visit

(NS) 19a-79-4a(d)4(D) Staffing and Consultants - Supervision - Per Director, program has been adhering to Supervision policy

(NS) 19a-79-10(g)(3) under Three Endorsement - Safe Sleep Practices - Program staff was adhering to safe sleep practices

(S) 19a-79-4a ~~(f)(3)(F)~~ (i) Staffing and Consultant - OEC did not observe a current contract for health consultant for program. In addition the health consultant is not licensed in CT.

X TA Discussion w/ Director about forms (medical) being completed as OEC observed date missing from reviewed medical form.

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: Valecia Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: ~~N/A~~ 2/19/25

Signature: X Heather Grim
(Person in Charge)

X Heather Grim