

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Riverfront Children's Center Date: 2/26/25 Time: 9:05am
Location Address: 476 Thames St. Gorton, VT 05340 Telephone #: (860) 445-8151
e-mail address: jennifer.zubek@riverfrontchildrens.org License #: 14300 Expiration Date: 11-30-25
Capacity: 143 # of Children Present: 07/05 # of Staff Present: 14

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Self Reported Incident

Observations/Corrections needed:

S= 19a-79-3a(a) Program did not ensure the safety, health and development of a child in care when he was left unsupervised on the playground for approximately 7 minutes

S= 19a-79-4a(d)(4)(A) Ratio not met when one staff left the room leaving the second staff with 12 children.

S= 19a-79-4a(d)(4)(D) A child was left unsupervised on the playground for approximately 7 minutes.

NS= 19a-79-4a(d)(3)(A) ^{No evidence to substantiate} Personal Qualities to care for and work w/ children
Program to submit video of incident no later than next business day

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: 3/12/25

Signature: [Signature]
(OEC Representative)
Print Name: Tom R Roberts
Signature: [Signature]
(Person in Charge)
Print Name: Jodi Walker