

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Learning Center At Mitchell College Date: 2/24/25 Time: 8:40 AM

Location Address: 701 Montauk Ave New London, CT. 06320 Telephone #: 860-701-5348

e-mail address: Adnych.jemitchell.edu License #: 70370 Expiration Date: 8/31/25

Capacity: 48 # of Children Present: 23 # 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: Complaint investigation

Observations/Corrections needed:

S 19a-79-5a(a)(2)(A-B): 2 of 7 child health records sampled are expired

S 19a-79-5a(a)(2)(C): 3 of 7 child immunization records sampled are missing documentation of current flu vaccination

S 19a-79-5a(a)(2)(E): observed individual care plan for child with Asthma missing staff signatures

S 19a-79-9a(d): 7 of 7 child records sampled are missing written permission from parents to administer KI pills during declared state of emergency

NS 19a-79-9a(b)(3)(A-B): observed current authorization of Medication forms on site for all medications on site

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: BRIDGET L. MARKIN

Signature: [Signature]
(Person in Charge)

Print Name: AMANDA WOODMANSEE