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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Haddam Coop Nursery School Date: 3/3/25 Time: 9AM

Location Address: 905 Saybrook Rd. Haddam, CT. 06438 Telephone #: 860 345 3983

e-mail address: president@haddamcoop.org License #: 12089 Expiration Date: 12/31/26

Capacity: 20 # of Children Present: ~~10~~ 11 # of Staff Present: 2

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 inspect playground as it was snow covered at 2/21/25 full inspection

Observations/Corrections needed:

observed no violations. observed several areas of fencing to be less than 4ft. Program playground area located behind church away from main road although main road is visible in some areas. Program staff must increase supervision when children use play equipment and toys in areas where fencing is less than 4ft.

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: _____

Signature: _____ *(OEC Representative)*

Print Name: Bridget L. Herrin

Signature: _____ *(Person in Charge)*

Print Name: Crystal M Carlson