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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Polly Wogs Child Development Center Date: 2/25/25 Time: 10 am

Location Address: 411 C Norwich Westerly Rd N. Stonington CT-06359 Telephone #: (860) 860-535-1174

e-mail address: tmay482@att.net License #: 70027 Expiration Date: 9.30.27

Capacity: 82 # of Children Present: 27 # 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 to inspection report dated 1.3.25

Observations/Corrections needed:

No Violations at this visit

Disussed: Child not urrent with immunizations due to a medical exemption has the wrong form. Observed religious exemption form and not following catch up schedule. Child urcently not attending

Disussed: Program to send documentation from playscape manufacturer identifying whether the rope ladder is required to be anchored. Not anchored at this visit as verified on attendance

Indoor climber/slide not being used as shock absorbing material missing around it, observed only at bottom of slide

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: N/A

Signature: L R Roberts
(OEC Representative)
Print Name: Terri R Roberts

Signature: _____
(Person in Charge)
Print Name: Tia May McLeod