

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: 5/7/2005 Time: 10²⁵AM
Location Address: 201 Montauk Ave. New London, CT. 06320 Telephone #: 860-701-5348
e-mail address: bottinelli.m@mitchell.edu License #: 20370 Expiration Date: 8/31/2005
Capacity: 48 # of Children Present: 30 # of Staff Present: 6

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: Follow up to 2/26/2005 & 3/21/2005 complaint investigations

Observations/Corrections needed:

§ 19a-79-5a(a)(2)(E): observed Asthma individual care plan missing parent signatures

§ 19a-79-4a(b)(2): observed 3 staff without current/complete comprehensive background checks

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: 5/21/2005

Signature: _____
(OEC Representative)

Print Name: BRIDGET L. HEKIM

Signature: _____
(Person in Charge)

Print Name: MARTINA BOTTINELLI