Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Dolphin Days Learning Center Date: 5/23/25 Time: 8:35

Location Address: 9 Ozick Dr. Durham Telephone #: 860 349-2335

e-mail address: jvarao@yahoo.com License #: 70337 Expiration Date: 11/30/28

Capacity: 145/55 # of Children Present: 61/23 # of Staff Present: 12

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: Investigation 2025-487

Observations/Corrections needed:

(NS) 19a-79-10(k)(5) Bottles labeled w/ child's name - observed labeled items in fridge on day of inspection. Insufficient evidence to support a regulatory violation.

(NS) 19a-79-10(k)(1) - Written feeding schedule - observed current feeding schedule for infants.

(S) 19a-79-30(d) Implement program policies - regulation not met when staff member did not check label on bottle prior to heating and serving resulting in child (~~receiving~~ consuming) the wrong bottle.

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Karen Hicks Karen Hicks
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6/6/25

Signature: MO Nicole Carter
(Person in Charge)