

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sarah Porter Schoolhouse Date: 5/28/25 Time: 12:15pm

Location Address: 9 Mountain Rd. Farmington Telephone #: 860 409 3543

e-mail address: LKochler@missporters.org License #: 70720 Expiration Date: 8/31/27

Capacity: 36/22 # of Children Present: 26/15 # of Staff Present: 7

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 <u>N/A</u>
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Purpose of visit: Self report Case 2025-527

Observations/Corrections needed:

⑤ <sup>Behavior Management</sup> 19a-79-3a(b) - ~~Administration - Program policies~~ State did not follow the program policy for behavior management when she was seen slapping a child's hand as a form redirection.

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: 5/11/25

Signature: [Signature]  
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]  
(Person in Charge)

Print Name: Elizabeth Kohler