

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: New England Preschool Acad. Post Rd Date: 4/1/25 Time: 9:45 am

Location Address: 133 Post Office Rd. Enfield Telephone #: 860 745 4575

e-mail address: cathy@newenglandpreschool.com License #: 16322 Expiration Date: 2/28/29

Capacity: 27/8 # of Children Present: 12/5 # of Staff Present: 3

**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 N/A

Purpose of visit: Complaint Investigation Case 625-296

Observations/Corrections needed:

(S) 19a-79-4a(c) - Staffing - Background checks - 2 staff present with no current background checks.

(S) 19a-79-4a(i)(B) - Staffing - Health consultant - No nurse consultant currently contracted with the program. No updated logs observed.

(NS) 19a-79-7a(c)(2) - Physical Plant - General requirements - Program was not currently using a bathroom where there was broken faucet. It is fixed now.

(NS) 19a-79-9a(b)(1) - Administration of Medication - Medication admin. training - Current medication training observed.

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: 4/15/25

Signature: fmhll  
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]  
(Person in Charge)

Print Name: \_\_\_\_\_