

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Dominic Child Care Date: 4/26/25 Time: 1030

Location Address: 1050 Flanders Rd. Southington Telephone #: 860 628 4678

e-mail address: directorcc@stlukecc.org License #: 70791 Expiration Date: 11/30/28

Capacity: 86/46 # of Children Present: 44/29 # of Staff Present: 14

<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 2025-1017

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(b) - Staffing - Supervision - Staff failed to supervise a child who was left alone in the bathroom for less than a minute.

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: 7/10/25

Signature: [Signature]  
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]  
(Person in Charge)

Print Name: Donna Maddalena