

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Town of Enfield Child Development Center Date: 7/1/25 Time: 8:45
Location Address: 117 Post Office Rd. Enfield Telephone #: 860-763-7003
e-mail address: cgardner@enfield.org License #: 116008 Expiration Date: _____
Capacity: 151 # of Children Present: 151 # of Staff Present: 29

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Investigation Case 2025-622

Observations/Corrections needed:

⑤ 19a-79-3a (b)(7)(A) - Administration - Child behavior management - Staff failed to manage child behavior in a developmentally appropriate way when staff picked child up aggressively + sat them up + told them to stop crying.

⑤ 19a-79-3a (d)(2)(A) - Administration - Discipline policy - Staff failed to follow program's discipline policy when staff told child to stop crying in a harsh manner + aggressively sat child up on their cor.

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: 7/15/25

Signature: [Signature]
(OEC Representative)
Print Name: Kim Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Eileen Gardner