

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Melody Ross Date: 3/17/22 Time: 1:20 pm

Location Address: 23 Spruce St. Naugatuck Telephone #: 203-725-6208

e-mail address: meross732@fchoo.com License #: Pending Expiration Date: —

Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

<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>MR</u>
--	---

Purpose of visit: Follow up to initial inspection

Observations/Corrections needed:

Follow up to initial inspection dated 2/23/22.  
All cited violations corrected from that inspection

19a-87b-6(c)(1) - No current first aid certificate on file

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: 3/31/22

Signature: Jennie Thornton  
(OEC Representative)  
Print Name: Jennie Thornton

Signature: Melody Ross  
(Person in Charge)  
Print Name: Melody Ross

