812 11:23:1

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Housatonic Childcare Date: 11/1/22 Time: 2:00

Location Address: 30B Salmon Kill Rd Salisbury Telephone #: 860 435-9694

e-mail address: housatonicchildcarecenter@gmail.com License #: 14393 Expiration Date: 6/30/26

Capacity: 59 # of Children Present: 29 # of Staff Present: 9

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*** _____

Purpose of visit: Follow Up Safe sleep from 10/26/22

Observations/Corrections needed:

program in compliance for Safe sleep.
program using sleep sacks.

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: N/A

Signature: Jaime Fortin (OEC Representative)

Print Name: Jaime FOrtin

Signature: Tonya Roussin (Person in Charge)

Print Name: 11/1/2022