☐ Initial ☑ Unannounced Full (Partial) ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Housatonic Childcare Date: 2/16/23 Time: 9:10

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: 28 # of Staff Present: 8

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: Partial

Observations/Corrections needed:

(16) Staff physical - 1 out of 4 not current; Not in compliance

26. Consultant Agreements

45. Vents/Window - in compliance

57. Bedding - in compliance - ~~no separate issues~~.

70. Rugs - secure in compliance

(88.) Impact Material - Not in compliance on Under 3 playgrounds

99. Diaper Ointments - In compliance

113. Sinks - In compliance

130. Cribs hazards - in compliance

Discuss - thin Blanket(2)s hanging on Cribs - Per staff use when infants are on floor and not in Cribs during sleep. Discussed not storing on cribs.

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: 3/2/2023

Signature: Jaime Fortin *(OEC Representative)*

Print Name: _____

Signature: Tonya Roussin *(Person in Charge)*

Print Name: Tonya Roussis