☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☑ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Clinton Child Care Date: 2/6/23 Time: 1:40pm

Location Address: 160 E Main St. Clinton, CT 06413 Telephone #: (860) 669-4315

e-mail address: clintonchildcareservice@gmail.com License #: 15796 Expiration Date: 9/30/26

Capacity: 105 43 37 # of Children Present: 24 # of Staff Present: 6

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*** N/A

Purpose of visit: Complaint Investigation Case # 2023400

Observations/Corrections needed:

(S) 19a-79-4a(b): Staffing - Background check - One staff person present and working with children, no background check completed. Staff person with work supervised status closed in a classroom without another staff person present. Two staff with work supervised status, not on center roster.

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: 2/20/2023

Signature: Stephanie Pia
(OEC Representative)
Print Name: Stephanie Pia

Signature: Kimberly M Russell
(Person in Charge)
Print Name: Kimberly Russell