


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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Elaine Stephens Date: 2/9/23 Time: 9:00 AM
Location Address: 653 Willow St. Waterbury, CT Telephone #: 917-428-2732
e-mail address: elaineStephens653@gmail.com License #: 57625 Expiration Date: 9/30/26
Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

| | |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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

Observations/Corrections needed:

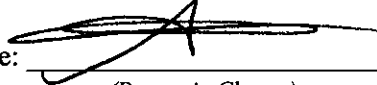
#38 - Weapons - Weapon was locked in a locked closet,
Meets regulatory requirements for storage.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jamie Thornton
(OEC Representative)
Jamie Thornton

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: 
(Person in Charge)
Elaine Stephens

