

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kaitlyn Prior Date: 3/24/23 Time: 1:00pm

Location Address: 72 Davidson Road Telephone #: 860-990-2689
Colchester, CT. 06415

e-mail address: _____ License #: pending Expiration Date: pending

Capacity: 6+3 # of Children Present: 0 # of Staff Present: 0 *applicant or provider gave permission*

**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 from Initial Inspection on 3/10/23 to observe barrier around above ground pool in back yard playspace

Observations/Corrections needed:

40. A pool extender was added to top of pool. The pool Barrier measured 6ft all the way around.

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: Stef A. Russo
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NO Cap required

Signature: _____
(Person in Charge)
Applicant Provider gave permission