

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lois McClain Date: 2/27/23 Time: 10:10 am

Location Address: 83 Montgomery St. Waterbury, CT Telephone #: 203-591-9064

e-mail address: mechellmcclain140@gmail.com License #: 46578 Expiration Date: 9/30/25

Capacity: 6+3 # of Children Present: 1 # 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 Lois McClain

Purpose of visit: Follow up

Observations/Corrections needed:

#17 - Household medicals are not updated

#21 - Background check for household members are not complete

Provider has completely fenced in backyard

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: Jannie Thornton
(OEC Representative)
Jannie Thornton

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/13/23

Signature: Lois McClain
(Person in Charge)

Lois McClain

