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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Housatonic Child care center Date: 5/22/23 Time: 9:40

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: 59/27 # of Children Present: 32 (17 ↓3) # 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*** N/A

Purpose of visit: Investigation Self Report Case 2023-435

Observations/Corrections needed:

(S) 19a-79-4G(c)(4)(D) - Staffing - Supervision - Program failed to adequately supervise children when a child was found to be touching another child's privates on the playground

(S) 19a-79-3a(b)(7) - Administration - Annual Training - operator failed to train staff annually on program's policies and procedures. Last training documented March 2022.

(S) 19a-79-10(j) - Under Three Endorsement - Bottle Feeding - observed an infant not held for a bottle feeding. - child in bouncy seat.

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: Erin Wraight
(OEC Representative) Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6/5/23

Signature: BRS
(Person in Charge)
Betzabet Rojas