

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Porter's House Date: 6/12/23 Time: 3:20
Location Address: 541 Wolcott St. Waterbury Telephone #: 203-519-2222
e-mail address: CherylP@portershous License #: 70688 Expiration Date: 1/31/27
Capacity: 25 # of Children Present: 10⁰³ # of Staff Present: 2 (3)

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up on ratio

Observations/Corrections needed:

19a-79-12(d) - Observed a group of 4:1
3 children with no staff in purple group 3:1
leaving a 3:0 ratio. Overall ratio in 3:0
building ok.

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: 6/26/23

Signature: [Signature]
(OEC Representative)
Print Name: Erin Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Dawn Sanchez