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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Housatonic Child Care Center Date: 6/29/23 Time: 10:45

Location Address: 30 B 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 # of Staff Present: 7

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: Follow-up case 2023-435

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) - staffing - supervision - In compliance at this time.

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: n/a

Signature: Erin Wraight
(OEC Representative)
Print Name: Erin Wraight

Signature: Tonya Rouss
(Person in Charge)
Print Name: Tonya Roussis