

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Catholic Charities Date: 7/11/23 Time: 2:00

Location Address: 965 South Main St. Waterbury Telephone #: 203-346-1301

e-mail address: jnieves@ccaoh.org License #: 163FD Expiration Date: 3/31/26

Capacity: 56/10 # of Children Present: 33 # of Staff Present: 5(2)

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: follow up on state check

Observations/Corrections needed:

19a-79-10 (c)(2)  
#110 - observed infant room at 6:1 ratio +  
the toddler room at 6:1 ratio.

6:1  
6:1  
13:2  
8:1

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: 7/25/23

Signature: [Signature]  
(OEC Representative)  
Print Name: Kristin Mason  
Signature: [Signature]  
(Person in Charge)  
Print Name: Jessica Nieves