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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Catholic charities Date: 7/24/23 Time: 1:10

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

e-mail address: jnieves@ccaoh.org License #: 16380 Expiration Date: 3/31/26

Capacity: 56/14 # of Children Present: 31 # of Staff Present: 5(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*** _____

Purpose of visit: follow up on ratio

Observations/Corrections needed:

in compliance today

7:2

7:2

7:1

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: N/A

Signature: _____ *(OEC Representative)*

Print Name: Kristi Morgan

Signature: _____ *(Person in Charge)*

Print Name: Jessica Nieves