

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tashieanna O'Connor Date: 9/7/23 Time: 10:15am

Location Address: 35 Crosswinds Ln. Waterbury, CT Telephone #: 203-347-9720

e-mail address: CandKenterprise@hotmail.com License #: 55058 Expiration Date: 5/31/25

Capacity: 6+3 # of Children Present: 0 # of Staff Present: 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: <u>Tashieanna O'Connor</u>
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Purpose of visit: Follow Up for Pool Gate

Observations/Corrections needed:

Lock is attached to pool gate. Pool is now closed for winter

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: _____

Signature: Jannie Thornton
(OEC Representative)

Print Name: Jannie Thornton

Signature: Tashieanna O'Connor
(Person in Charge)

Print Name: Tashieanna O'Connor

