

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Catholic Charities Date: 10/10/23 Time: 11:20

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

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

Capacity: 56/116 # of Children Present: 43 # of Staff Present: 8U

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: partial inspection - ratio/safe sleep

Observations/Corrections needed:

in compliance today 7:2
4:2
16:2
16:2

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Krishna Krishna
magar
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: _____
(Person in Charge)