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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Children's Center Date: 10/23/23 Time: 10:40

Location Address: 197 Bushy Hill Rd Simsbury CT 06070 Telephone #: 860-651-8296

e-mail address: simsburychildrenscenter@gmail.com License #: 12635 Expiration Date: 2/28/25

Capacity: 88 (82) # of Children Present: 41 (64) # of Staff Present: 8

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 to inspection conducted 10/16/23

Observations/Corrections needed:

19a-79-10(c)(2) Ratio: In compliance at time of visit. All parents filled out the parent/director authorization to enroll child under 3 form.

19a-79-10(c)(3) Group Size: In compliance at time of visit

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: _____

Print Name: Johanne Dube *(OEC Representative)*

Signature: Sheryl Desrochers

Print Name: Sheryl Desrochers *(Person in Charge)*