

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Michele Brock Date: 11-13-23 Time: 11:30

Location Address: 120 Saddle Hill Rd. Telephone #: 860-268-9376

e-mail address: michele.ryerson@gmail.com License #: 41210 Expiration Date: 10-21-24

Capacity: 6 # of Children Present: 3 # of Staff Present: 1

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 Michele S. Brock

Purpose of visit: 3 month follow up case # 2023-608

Observations/Corrections needed:

NS 19a-87b.6(e) - good judgment about supervision and safety of children not substantiated. observed proper supervision 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: [Signature]
(OEC Representative)

Print Name: Kevin Eddy

Signature: Michele S. Brock
(Person in Charge)

Print Name: _____