Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Housatonic Child Care Center Date: 10/27/23 Time: 12:00 PM

Location Address: 308 Salmon Kill Rd Salisbury Telephone #: 860 435 9694

e-mail address: housatonicchildcarecenter@gmail.com License #: 14393 Expiration Date: 6/30/26

Capacity: 59/27 # of Children Present: 29 # of Staff Present: 7

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*** N/A

Purpose of visit: Partial for case 2023-435

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) - Staffing - Supervision. - In compliance at this time.

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: _____ (OEC Representative)
Lauren Hull

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

Signature: Tonya Roussis (Person in Charge)
Tonya Roussis