

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Porter's House Date: 5/30/24 Time: 7:25

Location Address: 541 Wolcott St. Waterbury Telephone #: 203-527-7813

e-mail address: _____ License #: 70618 Expiration Date: 1/31/27

Capacity: 25 # of Children Present: 1 # of Staff Present: 2

**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

Observations/Corrections needed:

Follow up to ensure 2 people on site

- no violations -

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: n/n

Signature: [Signature]

Print Name: Karen Morgan
(OEC Representative)

Signature: [Signature]

Print Name: Cheryl Porter
(Person in Charge)