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: Carey Fitzgerald Date: 5/01/25 Time: 11:20 am

Location Address: 10 Robin Mark Road Prospect, CT. 06712 Telephone #: 203 705-8711

e-mail address: _____ License #: 20120 Expiration Date: 3/31/26

Capacity: 6+3 # of Children Present: 5 (under 18 months) # of Staff Present: 1 Provider

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: A follow-up to observe the pool barrier From lower deck/Patio area

Observations/Corrections needed:

40. The pool barrier measured 4ft and higher all the way around Additional wood railings were added from lower deck/patio area completely and effectively barring access to the above ground pool.

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)* Stef A Russo

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: No Cap required

Signature: _____ *(Person in Charge)* Carey Fitzgerald