

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Porter's House Date: 3.13.26 Time: 10:00

Location Address: 527 Wolcott St. Telephone #: 203-519-2222

e-mail address: cheryl@portershous.org License #: 70899 Expiration Date: 2.28.30

Capacity: 31 # of Children Present: 0 # of Staff Present: 1

**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: playground follow up inspection to 2.5.26  
initial

Observations/Corrections needed:

Outdoor play area Measurements:

Black Top

$$100 \times 100 = 10,000 / 75 = 133.33$$

#111 outdoor space: VOK

#112 outdoor protected/fenced: VOK

#114 water Hazards: VOK

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/a

Signature: Betty mayer  
(OEC Representative)

Print Name: Betty Mayer

Signature: Cheryl Porter  
(Person in Charge)

Print Name: Cheryl Porter