

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pearl Murphy Date: 7/26/02 Time: 8:50
Location Address: 38 Jayon Street, New Haven Telephone #: 203-214-5887
e-mail address: mamapearl30@gmail.com License #: Pending Expiration Date: —
Capacity: 6+3 # 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 <u>Pearl Murphy</u>
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Purpose of visit: Follow-up to initial inspection

Observations/Corrections needed:
Back yard fenced. Water temperature lowered to 120.2°F. Hazard safe.
Home in compliance at time of follow-up. File to be turned in for approval.

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: Deanna B Zawerton
Signature: Pearl Murphy
(Person in Charge)
Print Name: PEARL MURPHY