

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Elianita Santos Date: 9/16/21 Time: 3:10pm
Location Address: 92 Judd Rd Wethersfield Telephone #: 860 833 0868
e-mail address: sobolin7@gmail.com License #: 52975 Expiration Date: 1/30/2025
Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i>
--	---

Purpose of visit: Follow-up visit to 7/27/21 inspection.

Observations/Corrections needed:

35 Observed Carbon Monoxide installed and operating on 1st and 2nd floor. In compliance.

40 Fence with additional piece at top, observed today. In compliance

No additional violations observed during the visit.

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: Carmen Elva Colonzuela
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: PIA

Signature: Elianita Santos
(Person in Charge)