

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Luz Vega Date: 10/15/2024 Time: 1:15pm

Location Address: 72 Arlington Street - West Haven Ct Telephone #: 203-804-7570

e-mail address: luz.vega@outlook.com License #: 55133 Expiration Date: 7/31/2025

Capacity: 6/3 # of Children Present: 3 # of Staff Present: 0

**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: Luz Vega

Purpose of visit: Follow-up/CAF

Observations/Corrections needed:

- #33 In Compliance / Posted (1st drill - 10/11/2021) Reviewed
- #34 In Compliance / Smoke detector installed.
- #35 In Compliance / Carbon monoxide detector installed.
- #50 In Compliance / Available
- #54 In Compliance / In file
- #55 In Compliance / In file
- #66 In Compliance / Posted

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: TOS M. COMALBZ

Signature: Luz M Vega

(Person in Charge)

Print Name: Luz M. VEGA