☐ Initial ☐ Unannounced Full/Partial ☒ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Natalie Moore Date: 2/15/2022 Time: 11

Location Address: 585 First Avenue, West Haven Telephone #: 203-789-8096

e-mail address: nattyboo35@gmail.com License #: 548/1 Expiration Date: 7/31/2022

Capacity: 6+3 # of Children Present: 3 # 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*** [signature]

Purpose of visit: Follow-up for safe sleep

Observations/Corrections needed:

No safe sleep violations.

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: Donna B Zaweston

Signature: [signature] *(Person in Charge)*

Print Name: Natalie Moore