

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jeanneth yepoz Date: 4/25/22 Time: 3:30p.

Location Address: 56 Golden Hill St. Waugwatuck Telephone #: 203.343.9387.

e-mail address: 56 Golden Hill yepoz@hotmail.com License #: pending Expiration Date: —

Capacity: 6+3 # of Children Present: — # 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: <u>[Signature]</u>
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Purpose of visit: Follow up from initial

Observations/Corrections needed:

46. observed water temperature at 150°

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: 5/9/22

Signature: [Signature]
(OEC Representative)
Print Name: Jeanneth yepoz

Signature: [Signature]
(Person in Charge)
Print Name: Jeanneth yepoz