

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Claudia P Torres Date: 6/6/22 Time: 12:55p

Location Address: 9 Whitney Lane West Haven Telephone #: 203-824-2510

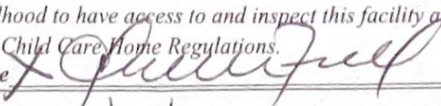
e-mail address: cpatricia@gmail.com License #: 56976 Expiration Date: 10/31/25

Capacity: 6+3 # of Children Present: 6 # 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



Purpose of visit: Follow-up to inspection done on 5/27/22 - capacity

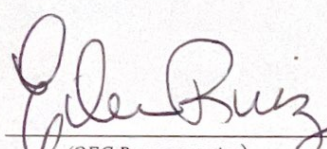
Observations/Corrections needed:

No violations during visit.
Provider was within her capacity at time of inspection.

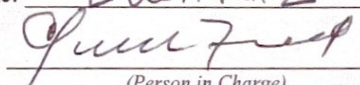
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 

Signature: 
(OEC Representative)

Print Name: Eileen Ruiz

Signature: 
(Person in Charge)

Print Name: CLAUDIA TORRES