

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Laura Lopez Date: 6/14/22 Time: 2:00pm

Location Address: 38 pilgrim Ave Wobur, Telephone #: 203-565-7209

e-mail address: Carlalavera.203@gmail.com License #: 57055 Expiration Date: 5/31/26

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature: Laura Lopez

Purpose of visit: Follow up From full

Observations/Corrections needed:

17. One household member doesn't have acceptable  
medical health Record.

12. Provider is not aware of care regulations.

31. Didn't observe handrails on two stairways Exiting  
the home

40. observed water temperature at 130°

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: 6/28/22

Signature: J. Lopez

Print Name: Jandish Lopez

Signature: Laura Lopez

Print Name: Laura Lopez