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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pamela Foucault Date: 7/22/2022 Time: 9:10AM

Location Address: 97 Walnut St Putnam Telephone #: 8603150852

e-mail address: _____ License #: 48188 Expiration Date: 7/31/26

Capacity: 6+3 # of Children Present: 0 # 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*** Pamela Foucault

Purpose of visit: Pool fence follow up

Observations/Corrections needed:

- Observed temporary fix of pool fence of more than 4 5inches
- Provider states going to fix more permanent fence to measure 48inches.

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: KELLERMAN

Signature: Pamela Foucault (Person in Charge)

Print Name: Pamela Foucault

KELLERMAN	07/31	Yvonne Kordini