

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Michelle Lugo Date: 8/18/2025 Time: 1145

Location Address: 190 Quinnipiac Avenue, New Haven Telephone #: 203-278-1809

e-mail address: michelkemt@aol.com License #: 55036 Expiration Date: 3/31/2025

Capacity: 6+3 # of Children Present: 2 # 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 Michelle Lugo

Purpose of visit: Follow-up for safe sleep

Observations/Corrections needed:

No safe sleep violations 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: Donna B Zawerton
(OEC Representative)
Print Name: Donna B Zawerton
Signature: Michelle Lugo
(Person in Charge)
Print Name: Michelle Lugo