

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lisa Kelly Date: 9/8/2022 Time: 12:15

Location Address: 696 Elm Street, New Haven Telephone #: 203-503-0574

e-mail address: Kellyannlisa@yahoo.com License #: 50937 Expiration Date: 9/30/2023

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

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>Lisa Kelly</u>
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Purpose of visit: Follow-up for capacity

Observations/Corrections needed:

Provider within capacity at time of inspection
Reviewed capacity to include all children
present in home

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: [Signature]
(OEC Representative)
Print Name: Danna K Zaworski
Signature: Lisa Kelly
(Person in Charge)
Print Name: Lisa Kelly