

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


SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria Yoplac Date: 9/16/22 Time: 1100am

Location Address: 60 N Union Ave FL3 West Haven Telephone #: 203-543-4789

e-mail address: meyuca27@hotmail.com License #: Pending Expiration Date: /

Capacity: 6+3 # of Children Present: 0 # 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>X</u> 
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Purpose of visit: Follow up to body of water/pool in yard

Observations/Corrections needed:

Discussion on Body of water: If a tenant reinstalls a seasonal pool in the future, a notification of change is required informing the OEC agency and a barrier measuring 4 feet is required to block access to water regardless if pool does not belong to provider.

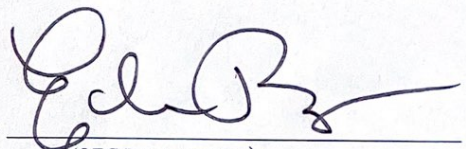
No pool in the yard. It has been removed.

No violations

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: 
Print Name: _____

(OEC Representative)
Print Name: Eileen Ruiz

Signature: X 
(Person in Charge)

Print Name: MARIA YOPZAC