

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Wendy Labbie Date: 10.5.22 Time: 11 AM

Location Address: 131 Newell Avenue, Bristol Telephone #: 860 585 5065
Cell # 860 940 17408

e-mail address: wendyl777@comcast.net License #: 50682 Expiration Date: 4.30.26

Capacity: 603 # 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 W. Labbie

Purpose of visit: Partial Inspection for unlocked hot tub at full inspection on 7.7.22

Observations/Corrections needed:

19a-87b-9 (41) Compliance was found during Partial
No children were in care - day off
Provider just filled hot tub, latches were in place &
provider engaged locking mechanism

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: W/A

Signature: [Signature]
(OEC Representative)
Print Name: Patricia A. Tyburski
Signature: W. Labbie
(Person in Charge)
Print Name: Wendy Labbie