

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kleisy Sanchez Date: 10/24/22 Time: 8:30am
Location Address: 95 Eileen Rd West Haven Telephone #: 347-303-5559
e-mail address: kleisyesanchez@gmail.com License #: 56245 Expiration Date: 11/30/26
Capacity: 643 # of Children Present: ✓ # of Staff Present: ✓

**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 _____

Purpose of visit: _____

Addendum to correct date on report.
from visit on 10/19/22

Observations/Corrections needed:

On Page 1 and 3 of report, the date written does
not reflect the date of the inspection correctly.
Inspection date is 10/19/22 as page 2 shows.

sent to provider by e-mail.

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: N/A

Signature: _____

Carmen Elena Valenzuela
(OEC Representative)

Print Name: _____

Carmen E. Valenzuela

Signature: _____

Sent by e-mail.
(Person in Charge)

Print Name: _____