

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: LOURDES SANCHEZ Date: 2/2/22 Time: 9:35 am
Location Address: 58 Norwell Street W. Haven Telephone #: 475-298-2034
e-mail address: louxi058@gmail.com License #: 51866 Expiration Date: 6/30/26
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: Louxi Sanchez

Purpose of visit: Follow-up to Pool

Observations/Corrections needed:

- Observed Pool is emptied. Stairs put away.

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new contact 475 800 5819

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.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge)