☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leslie Muñoz Date: 2/2/23 Time: 1050a

Location Address: 211 Curtis Street Meriden Telephone #: 203 589 6299

e-mail address: leslie.75@live.com License #: 57115 Expiration Date: 11/30/26

Capacity: 6/3 # of Children Present: ~~4~~ 5 # 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*** X |

Purpose of visit: Follow-up Safe Sleep Provisions

Observations/Corrections needed:

No violations - Baby was awake.

**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: _____ *(OEC Representative)*

Print Name: Ellen Ruiz

Signature: _____ *(Person in Charge)*

Print Name: Leslie Muñoz