

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Libby Santiago Date: 3/30/23 Time: 1:30pm
Location Address: 70 Taylor Ave Bethel CT, 06801 Telephone #: 917-325-4854
e-mail address: libysantiago@gmail.com License #: pending Expiration Date: —
Capacity: 6+3 # of Children Present: — # 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: Libby Santiago

Purpose of visit: Follow up - Pool inspection

Observations/Corrections needed:

Sp. 40. Handrail to pool is less than 4ft, children have access.

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: J. Lopez
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4/3/23

Signature: Libby Santiago
(Person in Charge)