

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Leiby Santiago Date: 4/11/23 Time: 2:00p.  
Location Address: 70 Taylor Ave. Bethel CT, 06801 Telephone #: 917-325-4854  
e-mail address: Leibysantiago@gmail.com License #: pending Expiration Date: —  
Capacity: 6<sup>+3</sup> # of Children Present: — # of Staff Present: 1

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 <u>Leiby Santiago</u>
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Purpose of visit: Follow up - Pool.

Observations/Corrections needed:

- No violations found at time of visit. Pool fence/barrier more than 4ft with key lock.

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: \_\_\_\_\_

Signature: Leiby Santiago  
(Person in Charge)