

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: SANDRA LOCKWOOD Date: 4.14.23 Time: 12:15 PM

Location Address: 286 BALLFALL RD. MIDDLETOWN Telephone #: 860 510 1166

e-mail address: bljls17@gmail.com License #: 51272 Expiration Date: 4.30.25

Capacity: 6+3 # of Children Present: 6 # 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: Sandra Lockwood

Purpose of visit: PARTIAL 2-3 MONTH INSPECTION FOR SAFE SLEEP VIOLATIONS CITED AT FULL INSPECTION ON 2.1.23

Observations/Corrections needed:

COMPLIANCE FOUND DURING PARTIAL WITH SAFE SLEEP VIOLATION.

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: N/A

Signature: Sandra Lockwood
(Person in Charge)