

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Edith Sanchez Date: 4/18/23 Time: 12:10 PM

Location Address: 18 Roosevelt St. 2nd Fl. Hartford Telephone #: 860-951-2956

e-mail address: _____ License #: 51120 Expiration Date: 4/30/25

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: Edith Sanchez

Purpose of visit: Complaint Investigation Case 2023-292

Observations/Corrections needed:

(NS) 19a-87b-10(j) - Responsibilities of the provider - Supervision -
No evidence to support that the provider is not supervising
the children.

(S) 19a-87b-9(d)(4)(b) - Requirements for physical environment -
Safe exits - no gate at top of stairs.

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: 5/2/23

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: E. S.