

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Josefina Luis Date: 7/12/23 Time: 1:20p
Location Address: 18 Blackman Rd. Waterbury Telephone #: 203 216 2916
e-mail address: Josefina2054@yahoo.com License #: 51429 Expiration Date: 7/31/25
Capacity: 6+3 # of Children Present: 2 # of Staff Present: 2

**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

[Handwritten Signature]

Purpose of visit: Follow up from full supervision

Observations/Corrections needed:

- No violations found at time of visit.
Discussion: caring for children in care area of Home.

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: *[Handwritten Signature]*
(OEC Representative)

Signature: *[Handwritten Signature]*
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____