

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leslie Arzu Date: 7/17/23 Time: _____

Location Address: 835 Meriden Rd. Waterbury 06705 Telephone #: 203-573-8184

e-mail address: Laray1212@sbcglobal.net. License #: 54840 Expiration Date: 11/30/24

Capacity: 6⁺3 # of Children Present: 4 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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</i> <u>Leslie Arzu</u>
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Purpose of visit: Follow up from full.

Observations/Corrections needed:

- No violations found at time of visit.
- All violations from Full inspection have been corrected at time of visit.

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. Sperry
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: —

Signature: Leslie Arzu
(Person in Charge)