

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Edith Sanchez Date: 8/8/23 Time: 8:00am

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

e-mail address: OGENO860@hotmail.com License #: 51120 Expiration Date: 4/30/25

Capacity: 6/3 # of Children Present: 1 # of Staff Present: 1

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature [Signature]

Purpose of visit: Follow-up to Complaint Investigation Case 2023-292  
to pick-up CAP

Observations/Corrections needed:

Provider submitted her Corrective Action Plan (CAP)  
during visit

(N9) 19a-87b-9(d)(4)(D) Observed two gates installed  
at entrance of rooms where care is provided  
blocking access to hallway<sup>cap</sup> where the stairs are  
accessible.

Discussed / Review regulation in regards to a  
gate or other structure in place they may be hung, drawn  
or lowered at the entry of stairs accessible to  
children to prevent falls.

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: N/A

Signature: [Signature]  
(OEC Representative)  
Print Name: Carman Elin Wierucki  
Signature: [Signature]  
(Person in Charge)  
Print Name: Edith Sanchez