

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lucy P. Gonzalez Date: 8/8/23 Time: 10:50 AM
Location Address: 4 Waterhorse Dr. Bethel Telephone #: 773-248-9563
e-mail address: lucygonzalez21008@yahoo.com License #: Pending Expiration Date: —
Capacity: 6⁺³ # of Children Present: — # 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: Lucy Gonzalez

Purpose of visit: Follow up from initial

Observations/Corrections needed:

3! Steps in care area for means egress doesn't have handrails and is not protected.

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: 8/22/23

Signature: [Signature]
(OEC Representative)

Signature: Lucy Gonzalez
(Person in Charge)