

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sandra Perez-Millan Date: 8/11/23 Time: 12:15p

Location Address: 183 Minthrop Street New Britain Telephone #: (860) 518-1036

e-mail address: elparaisodaycare@gmail.com License #: 52071 Expiration Date: 10/31/24

Capacity: 6/3 # of Children Present: 2 # 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.</i> <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Body of Water - inflatable Pool

Observations/Corrections needed:

- Inflatable pool has been removed.

← No violations →

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: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge)