

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria Yoplac Date: 9.27.23 Time: 11:45A
Location Address: 60 N Union Ave West Haven Telephone #: 203-543-4789
e-mail address: meyjuca27@hotmail.com License #: 57721 Expiration Date: 9.30.2026
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> Provider/Applicant/Substitute's Signature <u>[Signature]</u>
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Purpose of visit: Follow-up - Body of Water

Observations/Corrections needed:

40 Body of Water: The pool was removed.
In compliance. ✓

* Support BCLS procedures.

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]
Silvana Carreon
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
Maria Yoplac
(Person in Charge)