

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: Lucia Paredes Date: 9.29.23 Time: 12:55pm
Location Address: 175 Greta st West Haven Telephone #: 203 772 0671
e-mail address: luciap1209@gmail.com License #: 53939 Expiration Date: 10.31.23
Capacity: 6-3 # of Children Present: 5 # 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 Safe sleep

Observations/Corrections needed:

68 Proper Rest Provisions:

In Compliance.

Observed two pack-n-plays clean and with original pads.

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)

Signature: [Signature]
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Lucia Paredes