

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Claudia Lawrence Date: 10/18/23 Time: 9:18am

Location Address: 116 Sunset Ln Bloomfield CT 06002 Telephone #: 860 951 5468

e-mail address: stkrts91@gmail.com License #: 11024 Expiration Date: 8.31.27

Capacity: 10+3 # of Children Present: 0 # 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. Provider/Applicant/Substitute's Signature</i> <u>[Signature]</u>
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Purpose of visit: Follow-up for expired background checks violation/unlocked hot tub violation cited during full inspection on 10/5/23.

Observations/Corrections needed:

#21 provider was present at follow-up. Did not observe any children present at time of visit. provider confirms she had digital fingerprints taken on Monday, 10/16/23. BCIS confirms this. provider understands she is not able to reopen until background checks are clear and show as current.

#34 observed smoke detector now on bedroom level of home

#35 observed carbon monoxide detector now on bedroom level of home

#41 observed provider has replaced the locks of the hot tub. It is now locked and inaccessible.

* provider is still working on ^{work} ~~completing the work~~ correcting the remaining violations that were cited during full inspection on 10/5/23

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: nja

Signature: [Signature]
(OEC Representative)

Print Name: Melina Perez

Signature: [Signature]
(Person in Charge)

Print Name: Claudia Lawrence