

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: Lismette Santos Date: 10/24/23 Time: 12:33 pm

Location Address: 70 South St. W. Way CT 06106 Telephone #: 2035604759

e-mail address: lismette20@icloud.com License #: 57690 Expiration Date: 8/31/26

Capacity: 6+3 # of Children Present: 1 # of Staff Present: 1

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: Lismette Santos

Purpose of visit: Judgement

Observations/Corrections needed:

19a-87b-6

#16) Observed non approved staff providing direct care to a ^{13mth old} child in daycare. Non approved staff was feeding 13mth old in high chair.

19a-87b-8

#19) Observed non approved staff providing direct care to a 13 month old child in daycare. Non approved staff was feeding 13 month old in high chair.

Discussed with provider substitute and assistant application process and substitute and assistant regulations.

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: Alexander J
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/7/23

Signature: Lismette Santos
(Person in Charge)