

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Raquel Sabogal Date: 11/21/23 Time: 2:28pm

Location Address: 226 Saybroke St. Airlford Telephone #: 860 728 9214

e-mail address: Raquel 101825@hotmail.com License #: 57438 Expiration Date: 12/31/24

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

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 <u>Raquel Sabogal</u>
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Purpose of visit: Follow-up to visit on 3/30/23 - Review documentation and CAP

Observations/Corrections needed:

Final CAP reviewed, along with supporting documentation.
No other violations observed during this visit.

Discussed / Reviewed requirements for authorized assistant staff.

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: N/A

Signature: Carman Eln Valenzuela
(OEC Representative)
Print Name: Carman E. Valenzuela

Signature: Raquel Sabogal
(Person in Charge)
Print Name: RAQUEL SABOGAL