

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sonia Lawrence Date: 1/24/24 Time: \_\_\_\_\_

Location Address: 26 Birch St. Waterbury, 06704 Telephone #: (203) 519-2054

e-mail address: Lawrencnohomedaycare@gmail.com License #: 57565 Expiration Date: 1/30/25

Capacity: 6<sup>+3</sup> # of Children Present: 2 # of Staff Present: 1

<b>Consent to Inspect Family Child Care Home</b>	<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 <u>Sonia Lawrence</u></i>
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Purpose of visit: Follow up - Safe Step

Observations/Corrections needed:

No violations found at time of visit

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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)  
Print Name: Charish Lopez  
Signature: [Signature]  
(Person in Charge)  
Print Name: Sonia Lawrence