

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: LUZKETTY ESPADA Date: 7.16.24 Time: 10:00AM
Location Address: 23 VILLAGE CIR., HAMDEN Telephone #: 203 710 8683
e-mail address: ourfirststeps23@gmail.com License #: 57198 Expiration Date: 5.31.27
Capacity: 6+3 # of Children Present: 5 # of Staff Present: 2

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>Luzkety Espada</u>
--	--

Purpose of visit: Follow up for Capacity Violation cited on 7.10.24 @ full inspection

Observations/Corrections needed:
(004) Capacity was observed to be in Compliance during this follow up inspection

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: W/A

Signature: [Signature]
(OEC Representative)
Print Name: PATRICIA TYBURSKI
Signature: Luzkety Espada
(Person in Charge)
Print Name: Luzkety Espada