☐ Initial ☐ Unannounced Full/Partial ☒ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pamela Foucault Date: 3/30/26 Time:_____

Location Address: 97 Walnut Street Telephone #: 860 315 0852

e-mail address: Putnam Foucaultp3 2yahoo.com License #: 48188 Expiration Date: 7/31/26

Capacity: 6 of 3 # of Children Present: 6 (under 18 months) # of Staff Present: 1 Provider

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*** Pam Foucault

Purpose of visit: A follow up to observe outdoor play space due to snow covered at full Inspection

Observations/Corrections needed:

39. The fenced outdoor backyard playspace was observed safe and sufficient during the follow-up Inspection

The above ground pool measured over 4ft around with 2 locks on the gated entrance (a key and combination lock)

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: Stef A. Russo
(OEC Representative)
Stef A. Russo

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: No Cap required

Signature: Pamela Foucault
(Person in Charge)