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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Concepcion M. Rojas Date: 8/16/19 Time: _____

Location Address: 15 Main DR. Brookfield Telephone #: (914)648-6772

e-mail address: concepcion.mrojas@gmail.com License #: pending Expiration Date: —

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*** _____

Purpose of visit: follow up from initial on 8-9-21

Observations/Corrections needed:

-31. Stairway to basement is unprotected.

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: 8.30-21

Signature: J. Lopez
(OEC Representative)
Print Name: Evangelista Lopez

Signature: _____
(Person in Charge)
Print Name: Concepcion M Rojas