

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Milagros Cabrera Date: 8-23-21 Time: 11:40

Location Address: 102 Walnut St. Wthby Telephone #: 203-578-6569

e-mail address: Ebenezerdaycare01@gmail.com license #: 56848 Expiration Date: 9-30-24

Capacity: 6+3 # of Children Present: 4 # of Staff Present: 1

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>Jhanna Rosario</u>
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Purpose of visit: Follow up from Full completed on 7-27-21

Observations/Corrections needed:

19a-87(b)-10(c) - provider did not adequately meet child's needs when medication was required as part of care, and was not available.

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: 9.6.21

Signature: J. Lopez
(OEC Representative)

Print Name: Jhanna Lopez

Signature: Milagros Cabrera
(Person in Charge)

Print Name: Milagros Cabrera