

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Aida Santana Date: 8/21/21 Time: 3:01

Location Address: 227 Flushing Ave. Telephone #: 860 833

e-mail address: aidasantana18@gmail.com License #: 31051 Expiration Date: 5/31/2022

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

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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>X</u>
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Purpose of visit: Follow up visit to review and pick up CAR

Observations/Corrections needed:

Items # 13, # 14, # 15, # 21, # 50  
# 54 # 55 dl. in compliance

No additional violations observed during this 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.

Signature: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: M.A.

Signature: [Signature]  
(Person in Charge)