

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Adriana Tapia Date: 8/26/2021 Time: 2:30

Location Address: 6 Rockdale Road, West Haven Telephone #: 203-676-5830

e-mail address: adriana.tapia@gmail.com License #: 57384 Expiration Date: 10/13/2024

Capacity: 673 # of Children Present: 4 # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow-up to check capacity + pool.

Observations/Corrections needed:

Provider operating within capacity
at time of inspection.
Pool gate 4 feet and locked.

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Donna B Pawerton
Signature: [Signature]
(Person in Charge)
Print Name: Adriana Tapia