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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tanairi Almodovar Date: 8-30-21 Time: 12

Location Address: 32 Nelson St. #C, Hartford Telephone #: 860-532-9041

e-mail address: Tanairi_almodovar@yahoo.com License #: 57344 Expiration Date: 6-30-24

Capacity: 6 # of Children Present: 1 # 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*** _____

Purpose of visit: Case # 2021-357

Observations/Corrections needed:

follow up to discuss case

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: _____ *(OEC Representative)*

Print Name: Kent Eddy

Signature: _____ *(Person in Charge)*

Print Name: Tanairi Almodovar