

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Awilda Lopez De Perez Date: 2/3/2022 Time: 11:05 AM
Location Address: 108 Mill Ridge Rd Danbury Ct Telephone #: 646-821-0454
e-mail address: lopezawilda87@gmail.com License #: 57435 Expiration Date: 12/31/2024
Capacity: 4/1 # of Children Present: 2 # of Staff Present: 0

**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

Awilda Lopez de Perez

Purpose of visit: Follow-up / CAP

Observations/Corrections needed:

- 19a-8610(c) Provider failed Again to Comply With the vaccine requirement when she was not part of negative weekly tests.
- #33 Evacuation Drill log available and reviewed.
- #36 In Compliance. Fire Extinguisher installed.
- #53 Observed (1) enrollment form missing for (1) child.
- #54 observed (2) health records missing for (2) children.
- #55 Observed (2) Immunization record missing for (2) children.
- #56 observed (1) Emergency form needed for (1) child.
- #60 observed (1) Incident log missing for (1) child.
- #35 In Compliance. (There was Carbon Monoxide detector installed)
- #66 Observed No Flexible and balanced written schedule.

Discussed and reviewed detailed with provider.
(Se report y se discutio detallado mente con la proveedora)

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: 2/11/2022

Signature: [Signature]
(OEC Representative)
Print Name: Tracy K. Combs

Signature: Awilda Lopez de Perez
(Person in Charge)
Print Name: Awilda Lopez de Perez