

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jhasmina Williams Date: 4-12-22 Time: 12:10 pm

Location Address: 37 Carolina Rd. Bristol Telephone #: 860 960 9007

e-mail address: jhasmina.diaz27@gmail.com License #: 57463 Expiration Date: 1-31-25

Capacity: 603 # of Children Present: 5 # 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: *Jhasmina Williams*

Purpose of visit: Follow Up for Supervision Violation at Full Inspection on 4-7-20

Observations/Corrections needed:

Provider was in Compliance with Supervision during Follow Up.
Child who took bus to preschool is no longer enrolled.

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: No Corrections

Signature: *Patricia D. Tybuski*
(OEC Representative)

Print Name: Patricia D. Tybuski
Signature: *Jhasmina Williams*
(Person in Charge)
Print Name: Jhasmina Williams