

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Anyoline Cabrera Date: 4/14/22 Time: 11:40a

Location Address: 43 W. High Street New London Telephone #: 860-389-7420

e-mail address: cabreraanyoline@yahoo.com License #: 56451 Expiration Date: 4/30/26

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

<b>Consent to Inspect Family Child Care Home</b>	<i>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.</i> Provider/Applicant/Substitute's Signature <u>Anyoline Cabrera</u>
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Purpose of visit: Follow-up on safe sleep

Observations/Corrections needed:

Infant was awake during visit. No  
violations observed.

Reviewed safe sleep guidelines for infants  
under 12 months.

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: Eileen Ruiz

(OEC Representative)  
Print Name: Eileen Ruiz

Signature: Anyoline Cabrera

(Person in Charge)  
Print Name: Anyoline Cabrera