

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ivette Rodriguez Date: 4/13/22 Time: 8:30A
Location Address: 48 Diceman St FL1 Telephone #: 475-235-3976
e-mail address: Ivetterodriguez317@yahoo.com License #: 56276 Expiration Date: 3/31/25
Capacity: 6⁺³ # of Children Present: 2 # 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: Ivette Rodriguez

Purpose of visit: Follow up from full

Observations/Corrections needed:

- 69. 1 of 6 children do not have an Individual plan of care.
- 94. Did not observe written policies and procedures for administration of Medication.
- 100. Did not observe completed written authorization to administer medication for 2 of 6 children.

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: 4/27/22

Signature: [Signature]
(OEC Representative)
Print Name: Johnesh Lopez
Signature: Ivette Rodriguez
(Person in Charge)
Print Name: _____