

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rosa Perez Date: 4/18/22 Time: 10:00A.

Location Address: 47 Shepard Rd Danbury Telephone #: 203.300.9142

e-mail address: bagman411@gmail.com License #: 57350 Expiration Date: _____

Capacity: 6+3 # of Children Present: 4 # of Staff Present: 1

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|--|--|
| 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: <u>Rosa Perez</u> |
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Purpose of visit: Follow up for care area change

Observations/Corrections needed:

- NO violations found at time of care visit.

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: [Signature]
(OEC Representative)

Print Name: Amirah Lopez

Signature: [Signature]
(Person in Charge)

Print Name: Rosa Perez