

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yamiky Ramirez Date: 4/26/22 Time: 8:15A

Location Address: 241 Joelth Lane #8 Waterbury Telephone #: 475-313-3783

e-mail address: Yamiky20@gmail.com License #: 57484 Expiration Date: 3/31/25

Capacity: 40 # of Children Present: 0 # 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: [Signature]

Purpose of visit: Follow up From full

Observations/Corrections needed:

13. Didn't observe updated Physical for provider.

17. Didn't observe completed Medical Statements for household members.

21. New household members do not have Background checks completed.

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: 5/10/22

Signature: [Signature]
(OEC Representative)

Print Name: Janet Lopez

Signature: [Signature]
(Person in Charge)

Print Name: Yamiky Ramirez