☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Miguela Portorreal Date: 12 pm Time: 5/3/22

Location Address: 170 Charles St. Waterbury Telephone #: 475·343·1214

e-mail address: Miguelasilia591@gmail.com License #: 56647 Expiration Date: 6/30/23

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

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:*** Miguela Portorreal

Purpose of visit: Follow up From full outdoor area.

Observations/Corrections needed:

-NO violations found at time of 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: J Lopez
(OEC Representative)
Print Name: Jahaira Lopez

Signature: Miguela Portorreal
(Person in Charge)
Print Name: Miguela Portorreal