

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Carmen Rodriguez Date: 6/2/22 Time: 9:08a

Location Address: 214 Rogers Road Norwich Telephone #: 860 970 4973

e-mail address: ichina2010@gmail.com License #: 56309 Expiration Date: 6/30/25

Capacity: 653 # of Children Present: N/A # of Staff Present: N/A

**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 X not home

Purpose of visit: Follow-up to inspection done on 5/19/22

Observations/Corrections needed:

Verified body of water, a decorative pond located in front of the home has been emptied.

Provider was not home to allow access inside or to sign supplemental report of inspection.

If it rains, provider must ensure there is no standing water in the pond.

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: Ellen Ruiz

Signature: (not home)  
(Person in Charge)

Print Name: to sign