

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lissette Roa Date: 6/7/20 Time: 8:00A

Location Address: 27 Danna Marie Dr. Wtly Telephone #: 203-443-9986

e-mail address: lissetteroa86@hotmail.com License #: pending Expiration Date: —

Capacity: 6+3 # of Children Present: 0 # 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: <u>Lissette Roa</u>
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Purpose of visit: Follow up from initial

Observations/Corrections needed:

- NO violations found at time of visit. New windows installed follow OEC Regulations.

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: Ignacio Lopez

Signature: Lissette Roa
(Person in Charge)

Print Name: Lissette Roa