

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

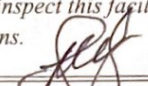
SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yamilky Ramirez Date: 6/14/22 Time: 8:00 A.

Location Address: 241 Judith Ln #8 Wby. Telephone #: 475-313-3783

e-mail address: Yamilky20@gmail.com License #: 57484 Expiration Date: 2/31/25

Capacity: ~~6~~ ^{4 to} 5 # 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: 
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Purpose of visit: Follow up from full

Observations/Corrections needed:

13 Providers physical is not current.

17. Household members physical is not current.

Discussion: Moving care to first floor.

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: 6/28/22

Signature: 

Print Name: Andriana Lopez

Signature: 

Print Name: Yamilky Ramirez
(Person in Charge)