

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yashira Serra Date: 5/6/22 Time: 9:35

Location Address: 160 Chipper Dr. Telephone #: 860-7944351

e-mail address: yashiraserra@gmail.com License #: 57297 Expiration Date: 12/31/23

Capacity: Lot 3 # of Children Present: 4 # 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 JUL

Purpose of visit: Follow up to check hot tub

Observations/Corrections needed:

Hot tub is locked on all sides. Keys have been ordered, and is now on site.

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: Jannie Thornton
(OEC Representative)

Print Name: Jannie Thornton

Signature: Yashira Serra
(Person in Charge)

Print Name: Yashira Serra

