

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Jhasmina Williams Date: 7-13-22 Time: 2:20 PM

Location Address: 37 Carolina Rd Bristol Telephone #: 860 960 9007

e-mail address: jhasmina.diaz27@gmail.com License #: 57463 Expiration Date: 1-31-25

Capacity: 643 # of Children Present: 4 # of Staff Present: 1

**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 Jhasmina Williams

Purpose of visit: Partial, 3 months from follow up on 4-12-22 for violation cited on 4-7-22 at Full Inspection (81) Violation of Supervision

Observations/Corrections needed:

Did Partial Inspection and Compliance was found during 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: N/A

Signature: [Signature]  
(OEC Representative)

Print Name: Karla A. Zourek

Signature: [Signature]  
(Person in Charge)

Print Name: Jhasmina Williams