

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jacqueline Ulloa Date: 7/5/22 Time: 11:00A.

Location Address: 121 Bishop St Wtby Telephone #: 203-437-2965

e-mail address: Jacqueline-Ulloa77@hotmail.com License #: 56857 Expiration Date: 10/31/24

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>Jacqueline Ulloa</u>
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Purpose of visit: Follow up inspection

Observations/Corrections needed:

11. A new household member has moved into home August 2021, Notification of change was not sent to the DEC.

17. New household member doesn't have Medical Statement.

16. Provider was misleading at time of last inspection by not being truthful regarding household members.

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: 7/19/22

Signature: J. Lopez
(OEC Representative)
Print Name: Jandish Lopez

Signature: Jacqueline Ulloa
(Person in Charge)
Print Name: Jacqueline Ulloa