

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yashira Serra Date: 4/21/22 Time: 3:20

Location Address: 160 Chipper Dr. East Hartford Telephone #: 860-794-4351

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

Capacity: 6+3 # of Children Present: 3 # 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 <i>[Signature]</i>
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Purpose of visit: Follow up to check - Hot tub

Observations/Corrections needed:

19a-87b-9(f)2 - Safe space - Hot tub outside
not locked

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: 4/28/22

Signature: Jennie Thornton

Print Name: Jannie Thornton
(OEC Representative)

Signature: [Signature]

Print Name: Yashira Serra
(Person in Charge)

