

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Evelyn Sanchez Date: 7/2/22 Time: 3pm

Location Address: 46 Marita DR. Wtby Telephone #: (917)600-9717

e-mail address: Dnyxhomedaycare@gmail.com License #: 57355 Expiration Date: 7/3/24

Capacity: 6+3 # of Children Present: 86 # of Staff Present: 2

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: [Signature]

Purpose of visit: Follow up from full

Observations/Corrections needed:

40. Provider installed a new door^{gate} for pool stairway, not measuring at 4ft.

54. 5 of 9 kids do not have physicals

55. 5 of 9 kids do not have Immunizations.

94. Did not observe policies and procedures for administration of medication.

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: 7/26/22

Signature: [Signature]
(OEC Representative)

Print Name: Janaish Lopez

Signature: Evelyn Sanchez
(Person in Charge)

Print Name: _____