

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Evelyn Sanchez Date: 8/10/22 Time: 10 AM
Location Address: 40 Marita Dr. Wtby Telephone #: 917-600-9717
e-mail address: onyxhomecare@gmail.com License #: 57355 Expiration Date: 7/31/24
Capacity: 6+3 # of Children Present: 6 # 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

Purpose of visit: Follow up from foll (pool)

Observations/Corrections needed:

- 54. 1 of 8 kids doesn't have current physical
- 55. 1 of 8 kids doesn't have current Immunizations

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: 8/24/22

Signature: [Signature]
(OEC Representative)
Print Name: Jamish St. Lopez
Signature: [Signature]
(Person in Charge)
Print Name: Evelyn Sanchez.