

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ingmar Riveros Date: 9/9/22 Time: 2:02pm

Location Address: 22 Baldwin St FL 1 Telephone #: 860 481 9300

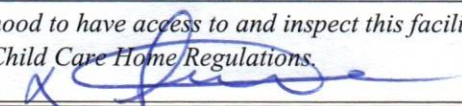
e-mail address: riverosi1983@gmail.com License #: Pending Expiration Date: Pending

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



Purpose of visit: Initial Follow-up

Observations/Corrections needed:

Ⓟ # 23 Observed play equipment secured in the outdoor area.

Ⓟ # 24 Observed cleaning products not accessible, with magnetic lock in the cabinet door under the sink.

Ⓟ # 39 Observed outdoor play area with the protection of a fence all around.

Discussed ensuring supervision of children when outdoors and on climbing play equipment.

Applicant will share outdoor space with a program on 2nd floor. Schedule for use of space at different times was observed 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: Carmen Elena Valenzuela
(OEC Representative)

Print Name: Carmen E. Valenzuela

Signature: Ingmar Riveros

(Person in Charge)
Print Name: Ingmar Riveros