

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jeiris Nazario Rodriguez Date: 9/15/22 Time: 9:00 AM

Location Address: 56 Ward St, #1, Waterbury, CT Telephone #: 203-706-8562

e-mail address: jeirislove@gmail.com License #: 57635 Expiration Date: 4/30/26

Capacity: 63 # of Children Present: 2 # 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: X. Jeiris M. Nazario

Purpose of visit: Investigation 2022-752

Observations/Corrections needed:

⑤ 19a-87b-10 Responsibilities of Provider.
2(A) General Health record. Observed one child enrolled with & without a health record.

⑤ 19a-87b-10 (4) Incident Log - Provider failed to document in incident log an incident where child scratched himself.

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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: 9/29/22

Signature: [Signature]
Print Name: Carlos Alborn
(OEC Representative)

Signature: Jeiris M. Nazario Rodriguez
Print Name: Jeiris M. Nazario Rodriguez
(Person in Charge)