

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yamilky Ramirez Date: 8/24/22 Time: 11:30  
Location Address: 241 Judith Ln. unit 8 Wobey Telephone #: 475-313-3783  
e-mail address: Yamilky20@gmail.com License #: 57484 Expiration Date: 3/31/25  
Capacity: 4<sup>to</sup> # of Children Present: 5 # 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: [Signature]

Purpose of visit: Partial from Full, Immediate access.

Observations/Corrections needed:

Discussion: new hours ; Monday - Sunday.  
Mon-Friday 8 7Am-7pm; Sat: 10A-6p; Sun-6A-3p.  
- Capacity - Clarification on family counting in capacity.  
3. Didn't observe providers current physical.  
4. observed 5 children in care provider is licensed for 4 children.

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: 9/7/22

Signature: [Signature]  
(OEC Representative)  
Print Name: Jessica Lopez  
Signature: [Signature]  
(Person in Charge)  
Print Name: Yamilky Ramirez