

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Yamilkys Ramirez      Date: 9/20/22 Time: 2:00p  
Location Address: 241 Judith Ln. Unit 8, lobby      Telephone #: 475-313-3783  
e-mail address: yamilky20@gmail.com      License #: 57484      Expiration Date: 3/31/25  
Capacity: 8 <sup>4+</sup> # of Children Present: 3      # of Staff Present: 1

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Follow up - partial - capacity

**Observations/Corrections needed:**

- Provider requested to open care hours to 24 hours.  
provider is following Light care Regulations.

- no violations found at time of 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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)  
Print Name: Jaydineh Lopez  
Signature: [Signature]  
(Person in Charge)  
Print Name: Yamilkys Ramirez