

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gerelin Vega Date: 10/31/22 Time: 12:30

Location Address: 150 Manhan St, Bldg 4 Apt 5 Telephone #: 203-491-9874

e-mail address: Kinskygrullon@hotmail.com License #: pending Expiration Date: -

Capacity: 6+3 # of Children Present: -0- # of Staff Present: 2

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: <u>Gerelin Vega</u>
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Purpose of visit: Follow Up

Observations/Corrections needed:

Provider fencing in a area outside to keep the children in one area. Outside area is huge. No cars can enter the area the provider plans to use outside.
The area was measured at 20x26x20.

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: Jannie Thornton
(OEC Representative)
Print Name: Jannie Thornton

Signature: Gerelin Vega
(Person in Charge)
Print Name: Gerelin Vega

