

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yamilky's Ramirez Date: 11/29/22 Time: 11:30A
Location Address: 241 Judith Ln. Apt 8 Wobey Telephone #: 475-313-3783
e-mail address: Yamilky20@gmail.com License #: 57484 Expiration Date: 3/31/25
Capacity: 4 # 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: _____

Purpose of visit: Partial following up capacity

Observations/Corrections needed:

~~-No violations found at time of visit~~

51. Didn't observe current Babies certificate for
1 of 2 Dogs. in Home.

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: _____ 12/13/22

Signature: _____
(OEC Representative)
Print Name: Sandra Lopez
Signature: _____
(Person in Charge)
Print Name: _____