

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Erick F Merejildo Feliz Date: 1/3/23 Time: 11:20a
Location Address: 645 Central Ave FL 3 Bpt, CT Telephone #: 917-783-5913
e-mail address: franciscomerejildofeliz@gmail.com License #: Pending Expiration Date: —
Capacity: 6/3 # of Children Present: 0 # of Staff Present: 1

Consent to Inspect *I agree to allow the Office of Early Childhood to have access to and inspect this facility and all*
Family Child Care Home *child care records as required by Family Child Care Home Regulations.*
Provider/Applicant/Substitute's Signature X Erick n.

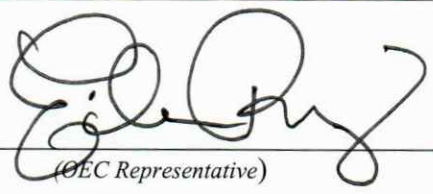
Purpose of visit: Follow up weapons and window safety.

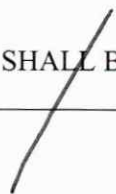
Observations/Corrections needed:

No violations observed at visit.
All weapons stored under lock + key.
Ammunition stored separately, lock + key.
Windows have new locks.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 

Signature: Erick n.
(Person in Charge)