

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yenifer Arias Disla Date: 1/25/23 Time: 8:20am.  
Location Address: 13 Hopkins St #2 Waterbury Telephone #: 203 510 0658  
e-mail address: yenidisla1895@gmail.com License #: Pending Expiration Date: Pending  
Capacity: 6+0 # of Children Present: 0 # 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: Initial Follow-up for outdoor space.

Observations/Corrections needed:

- (N) #23 Observed shelf secure, stable.
- (S) #35 Observed Carbon Monoxide installed, and working.
- (N) #39 Observed outdoor area with play area fenced-in.

Capacity initially given of 6+3, reduced to 6+0 due to small outdoor area dedicated now for children's play.

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: Conney Eliza Delacruz  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A.

Signature: Yenifer Arias  
(Person in Charge)