

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Euclides Date: 1/31/23 Time: 12:55p

Location Address: 24 Berkeley Ave New London Telephone #: 860-910-3635

e-mail address: alocuro809@gmail.com License #: 57437 Expiration Date: 12/31/24

Capacity: 6/3 # of Children Present: 4 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<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> Provider/Applicant/Substitute's Signature <u>X C R</u>
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Purpose of visit: Capacity - verify

Observations/Corrections needed:

Provider is in capacity with 4 children.
— No violations —

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: Eileen Ruiz
Signature: X C R
(Person in Charge)
Print Name: Euclides ROSARIO