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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Dominga Gomez Date: 2/9/23 Time: 12:15p

Location Address: 22 Berkeley Ave Telephone #: 860-324-7108

e-mail address: titissgomez@gmail.com License #: 55050 Expiration Date: 2/28/25

Capacity: 6/3 # of Children Present: 5 # 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*** X [signature]

Purpose of visit: Capacity Follow-up 2023

Observations/Corrections needed:

* Observed Provider working within her capacity. 5 children were present. 2 children under 18 months. 3 children over 18 months. 19a-87b-5

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: Carlos Abreu Eileen Ruiz

Signature: [signature] (Person in Charge)

Print Name: Dominga Gomez