☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Dismania Rodriguez Deholguin Date: 2/7/23 Time: 11:50A

Location Address: 1119 East Main St. FL1 Waterbury Telephone #: 203 592 3492

e-mail address: Dismania19@gmail.com License #: 57452 Expiration Date: 12/31/24

Capacity: 6+3 # 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*** X [signature]

Purpose of visit: Partial Supervision / unapproved Staff.

Observations/Corrections needed:

- ⊗ No violations found at time of visit.

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: Janitsa Lopez

Signature: [signature]
(Person in Charge)

Print Name: Dismania Rodriguez