

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bernardita DeLourdes Castro Azuero Date: 3/20/23 Time: 2:35 PM

Location Address: 1166 Westville Ave Ext Danbury, Telephone #: 203-942-5527.

e-mail address: BernarditaCastro757@yahoo.com License #: pending Expiration Date: —

Capacity: 6⁺³ # of Children Present: — # 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. Provider/Applicant/Substitute's Signature: <u>[Signature]</u></i>
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Purpose of visit: Follow up - Pool.

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.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge)