

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Dailyn Rodriguez Date: 4/4/03 Time: 2:40
Location Address: 1474 Quinnipiac Avenue Telephone #: 203-898-3260
New Haven CT 06513
e-mail address: dailynrodriguez@yahoo.com license #: 57234 Expiration Date: 7/31/2003
Capacity: 5+3 # of Children Present: 5 (2+3) # 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: <u>Dailyn Rodriguez</u>
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Purpose of visit: Follow-up safe sleep

Observations/Corrections needed:

Home is in compliance at time of inspection
in regard to safe sleep.

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: Dailyn Rodriguez
(Person in Charge)

Dailyn Rodriguez

