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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Karen Feliciano Date: 3/31/23 Time: 1032a

Location Address: 14 Grismold Ave Groton Telephone #: 8605145260

e-mail address: kdknew2@yahoo.com License #: 48132 Expiration Date: 5/31/26

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 Karen Feliciano

Purpose of visit: Follow up to inspection 3/24/23 - weapons

Observations/Corrections needed:

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: _____ *(OEC Representative)*

Print Name: Ellen Ruiz

Signature: _____ *(Person in Charge)*

Print Name: Karen Feliciano