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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ines Sarmiento-Samaniego Date: 5/1/23 Time: 9:1 am

Location Address: 34 Highland Ave Apt 3 Danbury Telephone #: 203.501.5300

e-mail address: Inessarmiento821@gmail.com License #: pending Expiration Date: —

Capacity: 6-3 # of Children Present: 0 # 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 Inés Sarmiento

Purpose of visit: Follow up From Initial.

Observations/Corrections needed:

- No violations 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: _____ *(OEC Representative)*

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: —

Signature: Inés Sarmiento *(Person in Charge)*