

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

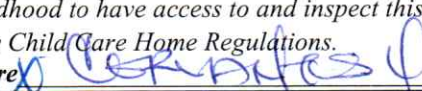
SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Veronica Cervantes Rosas Date: 5/16/23 Time: 2:30p.

Location Address: 37 Fairview Rd. Danbury Telephone #: 203-917-5121

e-mail address: Verito_8697@hotmail.com License #: 57374 Expiration Date: 9/30/24

Capacity: 6⁺3 # of Children Present: 5 # of Staff Present: 1

Consent to Inspect *I agree to allow the Office of Early Childhood to have access to and inspect this facility and all*
Family Child Care Home *child care records as required by Family Child Care Home Regulations.*
Provider/Applicant/Substitute's Signature: 

Purpose of visit: Follow up Safe Sleep

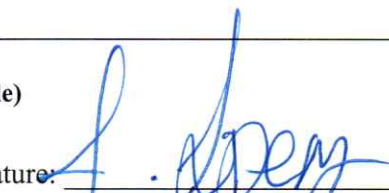
Observations/Corrections needed:


- NO violations found at time of visit. pertaining 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: 
(OEC Representative)

Signature: 
(Person in Charge)