

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Zaida Abrahamson Date: 5/10/23 Time: 8:15 AM
Location Address: 90 Fairfax St. Waterbury, CT Telephone #: 203-738-8077
e-mail address: zabrahamson23@hotmail.com License #: 54233 Expiration Date: 2/28/25
Capacity: 6+3 # of Children Present: 4 # of Staff Present: 2

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: Zaida Abrahamson

Purpose of visit: Follow up Safe Sleep & Supervision

Observations/Corrections needed:

- No violations found at time of vision for safe sleep and supervision.

Discussion: over supervision and answering doors promptly.

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: [Signature]
(OEC Representative)
Print Name: GAMRISH TOPEZ
Signature: Zaida Abrahamson
(Person in Charge)
Print Name: Zaida Abrahamson