

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Diana Gil Date: 6.7.23 Time: 4pm

Location Address: 97 Brookside Cir Wethersfield, CT Telephone #: 860 335 3260

e-mail address: 1111ewisedaycare@gmail.com License #: 50803 Expiration Date: 5/31/24

Capacity: 603 # 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: [Signature]

Purpose of visit: Follow up for safe sleep violation cited during full inspection on 6.2.23

Observations/Corrections needed:

Compliance found during follow up. Mattress Pad insert was no longer present in Pack & Play used for infant.

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: N/A

Signature: [Signature]
(OEC Representative)
Print Name: Melina Peires
Signature: [Signature]
(Person in Charge)
Print Name: Diana Gil