

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria Rivera Date: 6/6/23 Time: 11:45am

Location Address: 555 Wethersfield Ave. Apt A6 Telephone #: 8608040199

e-mail address: mrivera.negron66@gmail.com License #: 57315 Expiration Date: 2/27/24

Capacity: 670 # of Children Present: 1 # 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: Maria Rivera

Purpose of visit: Follow up to Visit on 5/22/23 for change

Observations/Corrections needed:  
Reduced capacity due to reduced space dedicated to care of the children indoors. - Provider has another room she could in the future use, and she will notify and request inspection. Provider may start using the space now.

- (U) #11 Notification of Change submitted. In compliance.
- (U) #23 No hazards accessible observed today. In compliance.
- (U) #33 Observed log of evacuation drill updated.
- (U) #50 Observed complete first aid kit.
- (U) #51 Observed dog is no longer at provider's home.
- (U) #52 Observed no cigarette butts accessible anywhere today.
- (U) #59 and #95 Observed completed forms, in compliance.
- (U) #97 Observe items labelled with children's names.

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: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Maria Rivera  
(Person in Charge)