

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Zaida Abrahamson Date: 6/7/23 Time: 8:20A.

Location Address: 90 Fairfax St Waterbury Telephone #: 203-573-8077 8910

e-mail address: Zabrahamson23@hotmail.com License #: 54233 Expiration Date: 203788-8077

Capacity: 6³ # of Children Present: 4 # of Staff Present: 2 2/28/25

**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 from full

Observations/Corrections needed:

- NO violations found at time of visit.
- Violations from full unannounced inspection have been
corrected.

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)

Signature: Zaida Abrahamson
(Person in Charge)