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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kenia De La Rosa. Date: 6/29/23 Time: 2:30pm.

Location Address: 1 Kensington Cir. Wolcott Telephone #: 914-316-5328

e-mail address: keniadelarosa1215@gmail.com License #: 57019 Expiration Date: 2/28/26

Capacity: 6+3 # of Children Present: 5 # 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*** + M. Guelina Cabrera

Purpose of visit: Follow up for Capacity and Safe Sleep.

Observations/Corrections needed:

In compliance at the time of this visit

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: Carmen E. Valenzuela
(OEC Representative)
Print Name: Carmen E Valenzuela

Signature: + M. Guelina Cabrera
(Person in Charge)
Print Name: + M. Guelina Cabrera