

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cara Distassio-Cruz Date: 7/10/23 Time: 9:10am
Location Address: 207 Dickinson Dr. Shelton CT 06484 Telephone #: 203-673-4827
e-mail address: caradistassio@a#.net License #: 57701 Expiration Date: 8/31/26
Capacity: 6+3 # of Children Present: 4 (1/1/18) # 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: <u>[Signature]</u>
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Purpose of visit: Follow up to Inspection dated 6/29/23

Observations/Corrections needed:

Follow up to Inspection dated 6/29/23.

Walk thru conducted.

Infant/Toddler restriction in compliance.

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: Rebecca Cuellas
Signature: [Signature]
(Person in Charge)
Print Name: Cara Distassio-cruz