

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Awilda Lopez De Perez Date: 7/12/23 Time: 10:50 A.

Location Address: 108 Mill Ridge Rd. Dumbury CT Telephone #: 646-821-0454

e-mail address: Lopezawilda87@gmail.com License #: 57435 Expiration Date: 12/31/24

Capacity: 4+ # 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: Awilda Lopez de Perez

Purpose of visit: partial from full.

Observations/Corrections needed:

Pl. Provider doesn't have the Roster completed with household members.

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: _____

Signature: Awilda Lopez de Perez
(Person in Charge)