

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rosa E Perez Date: 7/17/23 Time: 9:30AM
Location Address: 4 Shepard Rd. Danbury Telephone #: 203.300.4142
e-mail address: bagman411@gmail.com License #: 57350 Expiration Date: 7/31/24
Capacity: 6⁺³ # of Children Present: 45 # of Staff Present: 2

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: [Signature]

Purpose of visit: Follow up from full

Observations/Corrections needed:

DISCUSSION: Sending corrective action plans to the DEC within the allotted time to complete and return the corrective action plan (cap).

- NO violations found at time of visit.
- all violations from full inspection has been corrected at time of follow up.

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: [Signature]
(Person in Charge)