

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Claudia Cornejo Date: 7/21/23 Time: 12:55pm
Location Address: 168 W Rocks Rd Telephone #: 203-246-6837
e-mail address: CarolinaCornejo2324@gmail.com License #: 56388 Expiration Date: 11/30/2023
Capacity: 6+3 # of Children Present: 4 # of Staff Present: 2

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature: [Signature]

Purpose of visit: Safe sleep, safe exits, safe space.

Observations/Corrections needed:

- NO violations Cited.
- Construction has not finalized. Provider anticipates the construction will be finalized during the last week in August.
- Previous CAP will be submitted via email.

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)
Print Name: Candy Vargas

Signature: [Signature]
(Person in Charge)
Print Name: Claudia Cornejo