

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jeiris Nazario Rodriguez Date: 7/21/23 Time: 9¹⁵am
Location Address: 56 Ward St #1 Waterbury Telephone #: 203 706 8562
e-mail address: jeirislove1@gmail.com License #: 57635 Expiration Date: 4/30/26
Capacity: 6+3 # of Children Present: 6 # of Staff Present: 1

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 Jeiris M. Nazario Rodriguez

Purpose of visit: Safe Sleep

Observations/Corrections needed:

19a-87b-10 - Observed infant under 12 mths of
age sleeping ~~at~~ in a supine (back) position.
Provided Pronder with safe sleep poster and booklets.
No violations found.

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: Alexandra Rolje
(OEC Representative)

Print Name: Alexandra Rodriguez

Signature: Jeiris M. Nazario Rodriguez
(Person in Charge)

Print Name: Jeiris M. Nazario Rodriguez