

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jeiris Nazario Rodriguez Date: 7/14/23 Time: 9²⁰ am
Location Address: 56 Ward St #1, Waterbury Telephone #: 203-706-8562
e-mail address: jeirislove1@icloud.com license #: 57635 Expiration Date: 4/30/26
Capacity: 6+3 # of Children Present: 3 # 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

Jeiris M. Nazario *

Purpose of visit: Follow Up - Sleep Arrangements

Observations/Corrections needed:

19a-87b-10

- (S) #72) Observed infant (age 1 month) sleeping on his tummy and not in a supine position. Provider turned baby over to supine position immediately upon discussion.
- (NS) Observed tightly fitted sheet on mattress where the infant was sleeping.

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: 7/28/23

Signature: Alexandra Rodriguez
(OEC Representative)

Print Name: Alexandra Rodriguez Evelyn Vicente Quiróns

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

Print Name: Jeiris M. Nazario Rodriguez