

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mary Rodriguez Date: 8/1/23 Time: 8:52a

Location Address: 871 Slater Rd New Britain CT Telephone #: 347-431-5554

e-mail address: mabernabel@hotmail.com License #: Pending Expiration Date: ✓

Capacity: 6+3 # of Children Present: 1 # 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 X Mary Rodriguez

Purpose of visit: Follow up to initial inspection - Safe Space outdoors

Observations/Corrections needed:

— No Violations —

- Water temperature measures 101° F
- First Aid kit is now complete.
- All personal products removed from bathroom.
- Fire extinguisher is ABC 5lbs mounted on wall.
- Outdoor space expanded to fit 6+3 children.
- Barrier measures 4 feet tall to protect from neighbor's visible pool.

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: _____

Eileen Ruiz
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: _____

Mary Rodriguez
(Person in Charge)