

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Evelyn Gonzalez-Terreiro Date: 8/16/23 Time: 3pm
Location Address: 187. Gelia Dr. Waterbury, 06705 Telephone #: 203.850.4812
e-mail address: g Evelyn 329@yahoo.com License #: 57666 Expiration Date: 6/30/26
Capacity: 6 # of Children Present: 6 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Follow up from full - Immediate access.

Observations/Corrections needed:

- Provider did open the door at a reasonable time

- #6. observed 3 children under 18 months in care

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: 8/30/23

Signature: [Signature]
(OEC Representative)
Print Name: Jonathan Lopez
Signature: [Signature]
(Person in Charge)
Print Name: Evelyn Gonzalez-Terreiro