

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Evely Gonzalez-Terrero Date: 8/22/23 Time: 3:00pm

Location Address: 187 Celia Dr. Waterbury, 06705 Telephone #: 203.850.4812

e-mail address: gaelyn329@yahoo.com License #: 57666 Expiration Date: 6/30/26

Capacity: 6⁺⁰ # of Children Present: 6 # of Staff Present: 1 Evely & 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.</i> Provider/Applicant/Substitute's Signature <u>Evely</u>
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Purpose of visit: Follow up capacity

Observations/Corrections needed:

- No violations found at time of visit.
provider is within her capacity.

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: Elizabeth Lopez
Signature: [Signature]
(Person in Charge)
Print Name: Evely Gonzalez-Terrero