

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ana Santana Date: 8/31/23 Time: 1:55 pm

Location Address: 39 Eldridge St, Wtag Telephone #: 2039820637

e-mail address: Alexgrace253@gmail.com License #: 56895 Expiration Date: 1/31/25

Capacity: 6+3 # of Children Present: 4 # of Staff Present: 1

<b>Consent to Inspect Family Child Care Home</b>	<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>Ana Santana</u> *
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Purpose of visit: Background Check

Observations/Corrections needed:

19a-87b-8a

#21) Observed provider alone, caring for 4 children with an expired background check.

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: 9/14/23

Signature: Alexandra Rodriguez  
(OEC Representative)

Print Name: Alexandra Rodriguez

Signature: Ana Santana  
(Person in Charge)

Print Name: Ana Santana