

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gladys Rodriguez Date: 8/30/23 Time: 1:18pm
Location Address: 1126 Blue Hills Ave Blomfield, CT 06002 Telephone #: (917) 653-9732
e-mail address: lalylwe42@gmail.com License #: 50946 Expiration Date: 7.31.25
Capacity: 6+3 # of Children Present: 4 # of Staff Present: 2

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: Gladys Rodriguez

Purpose of visit: Follow-up to safe sleep violation cited during full inspection on 8/15/23.

Observations/Corrections needed:

Compliance observed during follow-up visit. Tight fitted sheet is on pack n play where infant is napped.

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: N/A

Signature: [Signature]
(OEC Representative)
Print Name: Melina Perez
Signature: [Signature]
(Person in Charge)
Print Name: Gladys Rodriguez