

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: DIANA GIL Date: 9-7-23 Time: 1:40 PM

Location Address: 97 BROOKSIDE CIR., WETHERSFIELD Telephone #: 860 335 3260

e-mail address: littlewise daycare@gmail.com License #: 56803 Expiration Date: 5-31-24

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

**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: [Signature]

Purpose of visit: PARTIAL VISIT 2-3 MONTHS FOLLOWING A SAFE SLEEP VIOLATION CITED AT FULL INSPECTION ON 6-2-23

Observations/Corrections needed:

Compliance found during Partial Inspection  
Compliance was found with safe sleep.

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: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: WIA

Signature: [Signature] Diana Gil  
(Person in Charge)