

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Zaida Abrahamson Date: 9/11/23 Time: 12:30pm

Location Address: 90 Fairfax St. Danbury, 06704 Telephone #: 203 738 8077

e-mail address: Zaida.Zabrahamson23@hotmail.com License #: 54233 Expiration Date: 2/28/25

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. Provider/Applicant/Substitute's Signature: <u>Zaida Abrahamson</u></i>
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Purpose of visit: Partial - supervision

Observations/Corrections needed:

- No violations found at time of visit.

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: [Name]  
Signature: Zaida Abrahamson  
(Person in Charge)  
Print Name: Zaida Abrahamson