☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Juana Tejada Date: 9/11/23 Time: 1:06p

Location Address: 16 Livingston PL FL 2 Bpt Telephone #: 203 612 6355 203 583 9038

e-mail address: juana.tejada38@yahoo.com License #: 53161 Expiration Date: 6/30/25

Capacity: 6/3 # of Children Present: 5 # 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*** X Juana Tejada

Purpose of visit: Follow up Proper Rest Provisions

Observations/Corrections needed:

No violations

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: _____ *(OEC Representative)*

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: X Juana Tejada *(Person in Charge)*