

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cara Distassio-Cruz Date: 10/2/23 Time: 9:20am  
Location Address: 207 Dickinson Dr. Shelton CT 06484 Telephone #: 203-673-4827  
e-mail address: caradistassio@att.net License #: 51701 Expiration Date: 8/31/26  
Capacity: 6+3 # of Children Present: 5(2018) # 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 Cruz

Purpose of visit: 3 month Follow up to Inspection dated 7/10/23  
Infant/Toddler Restriction

Observations/Corrections needed:

Follow up to Follow up Inspection dated 7/10/23.

Infant/Toddler Restriction in compliance.

Corrective Action Plan reviewed in compliance.

No violations at today 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: N/A

Signature: Rebecca Cwikles

(OEC Representative)

Print Name: Rebecca Cwikles

Signature: Cruz

(Person in Charge)

Print Name: Cara Distassio-Cruz