

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Francis Rodriguez Date: 10/6/23 Time: 12:45 PM

Location Address: 330 Highland Ave, Torrington, CT Telephone #: 860-201-5795

e-mail address: Francisdoris27@gmail.com License #: 57371 Expiration Date: 9/30/24

Capacity: 6+3 # of Children Present: 0 # 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 <u>Francis Rodriguez</u>
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Purpose of visit: Follow-up for BCIS expired for a household member

Observations/Corrections needed:

Comprehensive Background check 192-876-8a

(S) Pending:
#21 Observed background checks and fingerprinting expired for a household member. Per Provider's report, the household member completed fingerprinting and submitted on 9/27/23.

(NS) #60 Observed incident logs are completed and filed with other documents for each child.

(NS) #69 Observed asthma action plan and signed authorization for administration of medication.

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: 10/20/23

Signature: [Signature]
(OEC Representative)

Print Name: Jenny Kavin

Signature: Francis Rodriguez
(Person in Charge)

Print Name: Francis Doris Rodriguez