


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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Johanna B Garcia de Olivero      Date: 9/12/23      Time: 2:00pm  
Location Address: 147 Carriage Dr. Wobey      Telephone #: 203-721-0303  
e-mail address: johannaolivero@aol.com      License #: 57010      Expiration Date: 2/28/26  
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: 

Purpose of visit: Follow up from full

Observations/Corrections needed:

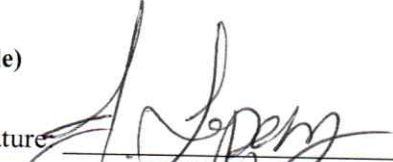
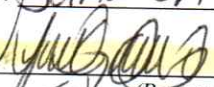
53. 1 child doesn't have the enrollment form completed.

54. 1 child doesn't have the physical completed

**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: 9/26/23

Signature:   
(OEC Representative)  
Print Name: Vanessa Lopez  
Signature:   
(Person in Charge)  
Print Name: Johanna Garcia