

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Angela Molina de Anziani Date: 10/26/23 Time: 11:44 am

Location Address: 193 Summerfield Ave Bpt CT Telephone #: 917 523 0024

e-mail address: angelamolinedeanziani@gmail.com License #: 57603 Expiration Date: 2/28/24

Capacity: 6/3 # of Children Present: 8 # of Staff Present: 2

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature X

Purpose of visit: Pool follow up / safe space outdoors

Observations/Corrections needed:

————— No Violations —————

Discussion: Provider unravels safety gate 4 feet tall
to protect children from pool.
Pool is currently empty.

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: Eileen Ruiz
Signature: [Signature]
(Person in Charge)
Print Name: Angela Molina