

Connecticut Office of Early Childhood  
Division of Licensing  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Fernanda Gonzalez Cardoso Date: 10/30/23 Time: 9:50 am

Location Address: 54 Salem Rd, E. Hartford 06118 Telephone #: 860 995 9618

e-mail address: g.fernanda631@gmail.com License #: 57110 Expiration Date: 11/30/24

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 [Signature]

Purpose of visit: Announced Follow Up

Observations/Corrections needed:

During follow up, no children were observed.  
Discussed with provider how to ensure sufficient  
space in living room (daycare area) to fulfill her  
capacity. Provider stated she will be moving some pieces  
of furniture out of daycare area to increase space.

Provider stated she will open kitchen and  
make it part of her daycare area to have  
sufficient space.

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: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature]  
(Person in Charge)