

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Donna Engel Date: 11/16/23 Time: 2:43pm
Location Address: 29 Gaiet Ridge Drive Telephone #: 860 539 6855
e-mail address: engel214@comcast.net License #: Pending Expiration Date: Pending
Capacity: 613 # of Children Present: 0 # of Staff Present: 1

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 _____

Purpose of visit: Initial Follow-up for safe space.

Observations/Corrections needed:

In compliance at the time of this visit.
No violations observed today.
CAP picked up today.
(P) #21 In compliance BC13 roster available / submitted.
(P) #23 In compliance at time of visit. Fence blocking access to edge, screws ^{under} protected.
(S) #31 In compliance at time of visit. Gate on stairs.
(S) #34 and #35 In compliance at time of visit. Bot down working / combo unit.
(S) #93 In compliance. Key available, shed inspected.
(S) #39. In compliance at this visit. Observed area flattened and covered with outdoor rug.

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: Carmen Elina Valenzuela
(OEC Representative)
Print Name: Carmen Elina Valenzuela
Signature: [Signature]
(Person in Charge)
Print Name: Donna Engel