

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Awilda Lopez de Perez Date: 11/20/23 Time: 12:pm
Location Address: 108 Mill Ridge Rd Danbury, CT 06811 Telephone #: 646-821-0454
e-mail address: awilda.lopez.713@gmail.com License #: 57435 Expiration Date: 12/31/24
Capacity: 4+1 # of Children Present: 1 # 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: Awilda Lopez de Perez

Purpose of visit: Follow up

Observations/Corrections needed:

- No violations found at time of visit.

- Discussion: protecting children in care area from heat sources.

- Proper storage of medications.

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]

Print Name: Janet B. Lopez

Signature: Awilda Lopez de Perez

Print Name: Awilda Lopez de Perez