

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: Gladys Rodriguez Date: 11/27/23 Time: 12:32pm

Location Address: 1120 Blue Hills Ave Bloomfield, CT 06002 Telephone #: (917) 653-9732

e-mail address: lalylave42@gmail.com License #: 519410 Expiration Date: 7-31-25

Capacity: 10+3 # of Children Present: 2 # 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 <u>Gladys Rodriguez</u>
--	---

Purpose of visit: partial 2-3 months after follow-up for safe sleep violation cited during full inspection on 8/15/23.

Observations/Corrections needed:

73 observed tight fitted sheet on pack n play. ^{ump} ~~provider~~ remains in compliance where the infant is napped. provider remains in compliance at this time.

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: Melina Perez
(OEC Representative)

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

Signature: Gladys Rodriguez
(Person in Charge)