

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Carmen M Rodriguez Date: 1/14/25 Time: 1:00 pm

Location Address: 214 Rogers Road Warwick Telephone #: 860-970-4972

e-mail address: ichina2010@gmail.com License #: 56309 Expiration Date: 6/30/25

Capacity: 6+3 # of Children Present: 1 # 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 [Signature]

Purpose of visit: Partial visit

Observations/Corrections needed:

19a-87b-9

#40 observed barrier barring access to koi pond in front of home.

(NS) Provider in compliance with regulation

19a-87b-10

(NS) #73 Provider in compliance with regulation

(NS) #75 Provider in compliance with regulation

Provider does not have any infants under 12 months enrolled

Infant safe sleep discussed at today's inspection with provider.

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: [Signature]  
(OEC Representative)

Print Name: Evelyn Vicente - Quiñones

Signature: [Signature]  
(Person in Charge)

Print Name: Carmen Rodriguez