

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Erika Maria Ruiz Gelvez Date: 3/6/25 Time: 1⁵⁰ PM

Location Address: 55 Clifton Street West Haven Telephone #: 203-843-6937

e-mail address: erikmar1988@hotmail.com License #: 57483 Expiration Date: 3/3/29

Capacity: 6+3 # of Children Present: 8 # of Staff Present: 2

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: X [Signature]

Purpose of visit: Follow up

Observations/Corrections needed:

19a-87b-5 (d)(A)(A) Terms of License - Regular Capacity
(NS) Regular capacity in compliance during today's visit

19a-87b-5 (e) Terms of License - Infant and Toddler Restriction
(NS) Infant/toddler restriction/capacity in compliance at time of visit.

Discussion -

- 1 child left during visit
- DCFS 92340 present during today's visit.

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 - Quinones

Signature: X [Signature]

Print Name: X Erico M. Lopez
(Person in Charge)