

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Queen Freelove Date: 8/17/21 Time: 12:00pm

Location Address: 33 Maple St. New Haven, CT Telephone #: 203-745-1784

e-mail address: tuotinyg@aol.com License #: 32700 Expiration Date: 7/31/22

Capacity: 613 # of Children Present: 5 # 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 [Signature]

Purpose of visit: Consent Order Monitoring

Observations/Corrections needed:

Condition 7 - Met. Per Provider, son has not resided at the home for over 1yr, and is currently incarcerated.

Condition 10 - Met - Observed written documentation on file of parents receiving written notice of condition 7 and 8.

Condition 11 - Met. Per provider hours M-F 6:30am - 6:30pm

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: N/A

Signature: [Signature]
(DEC Representative)

Print Name: Stephanie Pic.

Signature: [Signature]
(Person in Charge)

Print Name: Queen Freelove.