

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Teresa Camanera Date: 9/14/21 Time: 12:20p

Location Address: 142 Tremont St, New Britain Telephone #: 860-218-7880

e-mail address: teresa-camanera@yohua.com license #: 53049 Expiration Date: 2/28/23

Capacity: 6+3 # of Children Present: 3 # 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: Teresa Camanera

Purpose of visit: 3 month Flu Safe Sleep

Observations/Corrections needed:

* Observed provider and substitute in compliance with Safe Sleep.

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: _____

(OEC Representative)
Print Name: Carlos Albizu

Signature: Teresa Camanera

(Person in Charge)
Print Name: TERESA CAMANERA