

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yolanda Gonzalez Date: 7/14/22 Time: 1:43pm

Location Address: 18 Pardee St FL2 Telephone #: 203 298 8977

e-mail address: yolandagonzalez821@gmail.com License #: 56158 Expiration Date: 7/3/24

Capacity: 6+3 # of Children Present: 0 # 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 Yolanda Gonzalez

Purpose of visit: Follow to visit on 6/29/22 / Safe Sleep

#### Observations/Corrections needed:

- (NS) #17 Observed current health record and vaccine record for household member
- (NS) #24 Observed locked on cabinet in the bathroom, no cleaning items accessible to children
- (NS) #33 Observed log of fire drill/evacuation drill 7/11/22
- (NS) #35 Observed Carbon Monoxide detector on 2nd and 3rd level working.
- (NS) #44 Observed garbage can with no lid had been removed.
- (P) #46 Observed water temperature above 120°F in bathroom. Provider lowered temperature during the visit. Please send new reading
- (NS) #48 Observed current <sup>eco</sup> emergency contact list posted.
- (NS) #50 Observed complete first aid kit.
- (NS) #53 Observed enrollment forms complete for the three children.
- (NS) #54 Observed current health record for child who need it.
- (NS) #55 Observed current vaccine record current for child who need it.

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: 7/28/22

Signature: Carmen E. Valenzuela  
(OEC Representative)  
Print Name: Carmen E. Valenzuela  
Signature: Yolanda Gonzalez  
(Person in Charge)  
Print Name: 7/14/22

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yolanda Gonzalez License # 56158 Date: 7/14/22

Observations/Corrections needed:

- NS# 56 Observed complete emergency permissions
- NS# 57 Observed complete authorized release for the child who needed.
- NS# 58 Observed complete permissions for activities and transportation for child who needed it.
- NS# 66 Observed written schedule for the program / posted.
- NS# 74 Observed no infants present during the visit. As per provider the child has been sleeping only in the play pen.
- NS# 78 Observed non-gauzy changing pad available for children diaper changing.

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Signature: Carmen Elisa Valenzuela (OEC Representative) Print Name: Carmen E. Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 7/28/22

Signature: Yolanda Gonzalez (Person in Charge) Print Name: 7/14/22