

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kamaria Mateen Date: 7/21/2022 Time: 11:50
Location Address: 148 Hubinger Street, 1st floor Telephone #: 203-589-3853
New Haven, CT
e-mail address: kamaria1975@yahoo.com License #: 56456 Expiration Date: 4/30/2026
Capacity: 6+3 # of Children Present: 6 # 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: <u>[Signature]</u>
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Purpose of visit: Follow-up for capacity

Observations/Corrections needed:
Provider in compliance with regard to capacity at time of inspection

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]
(OEC Representative)
Print Name: Donna B Zaveron
Signature: [Signature]
(Person in Charge)
Print Name: Kamaria Mateen