

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yolanda Gonzalez Date: 10/25/22 Time: 1:52pm

Location Address: 18 Pardee St FL 2 New Haven Telephone #: 203 298 8977

e-mail address: yolandagonzalez821@gmail.com License #: 56158 Expiration Date: 7/31/24

Capacity: 6+3 # of Children Present: 3 # 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 _____

Purpose of visit: Follow up for Safe Sleep.

Observations/Corrections needed:

94 Observed infant under 12 months old sleeping on pack-n-play, and four toys on pack-n-play with her. (Child is 11 months old)
Provider attempted removal of toys, but the infant woke-up.

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: Nov 8/22

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