

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Damaris Hernandez Date: 10/11/22 Time: 12:31pm.

Location Address: 199 Pine St New Haven Telephone #: 203 606 4587

e-mail address: damarish22@yahoo.com License #: 56056 Expiration Date: 9/30/24

Capacity: 613 # 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: [Signature]

Purpose of visit: Follow-up for safe sleep.

Observations/Corrections needed:

(S) #68 Observed infant (10 months old) sleeping in bouncer and no crib or pack-n-play available during visit for nap time for infant.

(NS) #74 Observed one infant sleeping on pack-n-play. No blankets or any other items with him on pack-n-play.

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: MOO 9/22

Signature: [Signature]
(OEC Representative)
Print Name: Carmen E. Valenzuela
Signature: [Signature]
(Person in Charge)
Print Name: Damaris Hernandez