

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Damaris Hernandez Date: 10/25/22 Time: 2:25 p.m.

Location Address: 197 Pine St. New Haven Telephone #: 203 606 4387

e-mail address: damaris.h212@yahoo.com License #: 56056 Expiration Date: 9/30/24

Capacity: 6+3 # of Children Present: 5 # 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 Damaris Hernandez

Purpose of visit: Follow-up for safe sleep.

Observations/Corrections needed:

NS-#68 In compliance at time of visit

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: N/A

Signature: Carmen E. Hernandez
(OEC Representative)

Print Name: Carmen E. Hernandez

Signature: Damaris Hernandez
(Person in Charge)

Print Name: Damaris Hernandez