

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Damaris Pooou - Mo Date: 10/25/22 Time: 1:57p

Location Address: 224 William Street West Haven Telephone #: 203 645 - 3694

e-mail address: damarispoou25@gmail.com License #: 57296 Expiration Date: 12/31/23

Capacity: 6+3 # of Children Present: 4 # 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 [Signature]

Purpose of visit: Follow-up inspection 10/13/22 Safe sleep

Observations/Corrections needed:

Only one infant present today. Not sleeping.  
← No violations observed. →

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: Eileen Ruiz  
Signature: [Signature]  
(Person in Charge)  
Print Name: Damaris Pooou