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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yolanda Gonzalez. Date: 11/3/22. Time: 5:41pm.

Location Address: 18 Pardee St FL 2 Newhaven Telephone #: 203 298 8777.

e-mail address: yolanda.gonzalez821@gmail.com License #: 56158 Expiration Date: 7/31/24

Capacity: 6+3 # of Children Present: 2 # 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:

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 Elvira Valenzuela
(OEC Representative)
Print Name: Carmen E. Valenzuela.

Signature: Yolanda G
(Person in Charge)
Print Name: Yolanda G