

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jahaira Ortiz Date: 1/10/23 Time: 1:00 pm
Location Address: 196 Dover St, New Haven Telephone #: 203-690-9032
e-mail address: JahairaOrtiz8519@hotmail.com License #: 55719 Expiration Date: 7/31/26
Capacity: 6+3 # of Children Present: 5 # 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: Jahaira Ortiz

Purpose of visit: 2023-26

Observations/Corrections needed:

S 19a-87b-6(a) Aware of Regulations - The provider failed to demonstrate that she has read and understands the regulations when she had 3 children under 18 months.

S 19a-87b-10(a) Capacity - Provider was caring for 3 children under 18 months. Provider failed to maintain within her license Capacity.

S 19a-87b-10(2) General Health Records - observed one child missing a signed health record form.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1/26/23

Signature: Jahaira Ortiz
(Person in Charge)