

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jahaira Ortiz Date: 1/18/23 Time: 1:15p

Location Address: 196 Dover St, New Haven Telephone #: 203-695-9032

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 F/u.

Observations/Corrections needed:

Observed Provider working within her capacity
2 children under 18 mos and 3 older. 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.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: Jahaira Ortiz
(Person in Charge)