

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yolanda Gonzalez Date: 2/22/23 Time: 9:13am

Location Address: 18 Pardee St FL2 New Haven Telephone #: 203-298-8977

e-mail address: yolandagonzalez821@gmail.com License #: 56158 Expiration Date: 7/31/24

Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>Yolanda Gonzalez</u>
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Purpose of visit: Partial visit for safe sleep.

Observations/Corrections needed:

In compliance at the time of this 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: Germen E. Valenzuela
(OEC Representative)

Print Name: Germen E. Valenzuela

Signature: Yolanda Gonzalez
(Person in Charge)

Print Name: Yolanda Gonzalez