

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Amada Jara Date: 3/23/23 Time: 840a

Location Address: 46 Trescott Street W. Haven Telephone #: 2039432420

e-mail address: nellysjaradaycare@gmail.com License #: 54762 Expiration Date: 9/31/26

Capacity: 6/3 # of Children Present: 0 # 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 X Amada Jara.

Purpose of visit: Follow up to inspection on 1/17/23

Observations/Corrections needed:

← No Violations →  
- Pool barrier measures 4 feet tall all around.  
- Adult medical done 4/27/22  
- CPR + First Aid done 4/2/22 expires 4-2-24

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: X Amada Jara.  
(Person in Charge)