

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nicenta Ascencio- Brito Date: 4/25/23 Time: 9:33am

Location Address: 50 Arthur St. New Haven Telephone #: (203) 684-3532

e-mail address: elizabeth.rasgo833@gmail.com License #: Pending Expiration Date: Pending

Capacity: 6+1 # 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 X 

Purpose of visit: Initial Follow-up.

Observations/Corrections needed:

NS # 23 Swing set secured, ground even, and plant removed. In compliance at time of visit.

NS # 28 Observed no hanging cords. In compliance at time of visit.

NS # 35 Observed Carbon monoxide alarms in basement and first floor working correctly. In compliance at time of visit.

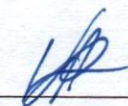
Provider's own child, a friend and her child were present today. Reviewed option to request a Technical Assistance once applicant is licensed, in about three months after. Discussed use^{age} of swing set for age appropriate children, according to equipment.

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: Carmen Elva Velazquez
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A.

Signature: 
(Person in Charge)