

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yamilka santana Date: 6/12/23 time: 12:00p

Location Address: 416 Savoy st. Bpt. Ct 06606 Telephone #: 978-319-3374

e-mail address: YamilkaSantana@gmail.com License #: 57182 Expiration Date: 4/30/27

Capacity: 6+3 # of Children Present: 9 # of Staff Present: 1 A sub arrived 1230P #95586

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: [Signature]

Purpose of visit: Follow up

Observations/Corrections needed:

- Upon arrival Provider was observed caring for 9 Children by herself. There are 3 Children under 18 months.

Provider's mother was observed providing care. While substitute was out alongside provider.

#4 Provider was observed by herself caring for 9 children

#6 Provider observed caring for 3 children under 18 months

#19 NO approved staff available to care for 9 children.

#68 six Children were observed sleeping in items not age appropriate for rest, (3 Floor, 10 seats, 2-bouncy chairs.) No one under 12 months.

- Provider stated substitute went out for lunch, and is not answering the phone.

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: June 26, 2023

Signature: [Signature]
(Person in Charge)