

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yamilka Santana Date: 6/22/23 Time: 1:57pm
Location Address: 416 Savoy Street Bridgeport Telephone #: 917 319 3374
e-mail address: santanyamilka86@gmail.com License #: 57182 Expiration Date: 4/30/27
Capacity: 6/3 # of Children Present: 9 # of Staff Present: 2

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. Provider/Applicant/Substitute's Signature</i> <u>X Y. Santana</u>
------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Purpose of visit: Follow up capacity & substitute use & proper rest

Observations/Corrections needed:

Upon arrival the provider was observed with approved substitute (#90012) caring for 9 children.
Appropriate supervision was observed to be in compliance.
All of the children were observed napping in age appropriate equipment.
- No violations

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: _____

Signature: [Signature]
(OEC Representative)
Signature: Y. Santana
(Person in Charge)