

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Joani Velazquez Date: 7/6/23 Time: 1:30
Location Address: 208 Blatchley Avenue, 2nd fl. Telephone #: 203-909-8880
New Haven, CT
e-mail address: joani.velazquez@uphs.com License #: 56325 Expiration Date: 7/31/25
Capacity: 4+3 # of Children Present: 1 # 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 _____

Purpose of visit: Follow-up on BCIS

Observations/Corrections needed:

Observed BCIS roster stating her substitute as current and provider as "NB" (needs). Date submitted 6/30/23.

Provider is not providing care at day of follow up, and agrees to not provide care by her until approved in system.

no violations observed at time of inspection.

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: L. Maylan D. Zawerton
(OEC Representative)

Print Name: Linda Maylan Donna Zawerton

Signature: Joani Velazquez
(Person in Charge)

Print Name: Joani Velazquez