

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gamila Elbashir Date: 6/29/23 Time: 12:15

Location Address: 560 1st Ave., West Haven Telephone #: 203-909-4966

e-mail address: egamila@shcglobal.net License #: 56065 ^{DEEH} Expiration Date: 11/30/23

Capacity: 6+3 # of Children Present: 3 # of Staff Present: 2

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 _____
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Purpose of visit: Follow up

Observations/Corrections needed:
Follow up to confirm compliance with
under 18 mth capacity (#6) and safe sleep.
(7/3/24).

Observed 3 children, 2 staff. 2 children
18 mths or younger.

Safe sleep observed compliant.

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: Linda Maylan
(OEC Representative)
Linda Maylan

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

Signature: _____
(Person in Charge)
Gamila Elbashir