

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Marie St. Jean Date: 7/11/23 Time: 2:00

Location Address: 39 Henry St, New Haven Telephone #: 203-645-3952

e-mail address: mst5258@yahoo.com License #: 56129 Expiration Date: 4/30/24

Capacity: 6 # of Children Present: 5 # 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
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Purpose of visit: Follow up to fall.

Observations/Corrections needed:

Follow up to confirm compliance with capacity/safe sleep.

Observed total of 5 children, 2 under 18 mths.

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: Linda Maylan
(OEC Representative)
Print Name: Linda Maylan
Signature: Maria St. Jean
(Person in Charge)
Print Name: Maria St. Jean