

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jahaira Ortiz Date: 8/14/23 Time: 10:00

Location Address: 196 Dover St., New Haven Telephone #: 203-690-9032

e-mail address: jahairaortiz8519@hotmail.com License #: 55719 Expiration Date: 7/31/26

Capacity: 6+3 # of Children Present: 4 # of Staff Present: 1# LM

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.</i> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Follow up to 7/31/23 full.

Observations/Corrections needed:

Confirm compliance with safe sleep/CAP items.

Discussed safe sleep/no blanket for infants/empty crib. (#74)

48 - Emergency numbers posted.

33 - Emergency drill posted.

32 - Observed emergency plan/discussed

No violations observed at time of visit.

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: 8/18/23

Signature: Linda Maylan
(OEC Representative)
Print Name: Linda Maylan
Signature: Jahaira Ortiz
(Person in Charge)
Print Name: Jahaira Ortiz