

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mignela Portorreal Date: 8/8/23 Time: 9:17am

Location Address: 170 Charles St. Wobur 06708 Telephone #: 475 343 1214

e-mail address: miguelasilva591@gmail.com License #: 526647 Expiration Date: 6/30/27

Capacity: 6+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 Mignela Portorreal *

Purpose of visit: Safe Sleep

Observations/Corrections needed:

#73)

19a-87b-10) Observed crib without a mattress and crib sheet.
Provider took crib sheet to get tailored to fit mattress.

#74)

19a-87b-10) Did not observe any hazards inside or
hanging off crib such as blankets, toys etc.

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: Alexander J. [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: _____

Signature: Mignela Portorreal
(Person in Charge)