

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


SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gamila Elbashir Date: 8/25/23 Time: 9:10

Location Address: 5600 12th Ave, West Haven Telephone #: 203-909-4966

e-mail address: egamila@shcglobal.net License #: 56065 Expiration Date: current

Capacity: 6+3 # of Children Present: 0 # 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: Partial to 6/23/23 full and 6/29/23 follow up.

Observations/Corrections needed:

Confirm capacity w/ under 18 mths & safe sleep.


Discussed requirements, 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.

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

Signature: 
(OEC Representative)
Print Name: Linda Moylan

Signature: 
(Person in Charge)
Print Name: Gamila Elbashir