

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Miguelita Portorreal Date: 8/23/23 Time: 1:52 pm

Location Address: 170 Charles St, Wthby, CT 06708 Telephone #: 475 343 1214

e-mail address: Miguelasilia591@gmail.com License #: 56647 Expiration Date: 6/30/27

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

Consent to Inspect *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.*
Family Child Care Home Provider/Applicant/Substitute's Signature: Miguelita Portorreal*

Purpose of visit: Safe sleep

Observations/Corrections needed:

19a-87b-10

#73)

Observed one mattress in crib where infant sleeps. Observed fitted crib sheet on mattress.

#74) Did not observe any hazards inside the crib/or around the crib where infant sleeps.

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: Alexandra
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: Miguelita Portorreal
(Person in Charge)