

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yolanda Gonzalez Date: 8/25/23 Time: 10:00

Location Address: 18 Pardee St. Fl. 2 New Haven Telephone #: (203) 298-8977

e-mail address: ydandagonzalez282@gmail.com License #: 56158 Expiration Date: 7.3.2024

Capacity: 4 # of Children Present: 4 # of Staff Present: 1

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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Reduce Capacity

Observations/Corrections needed:

The capacity is reduce to 4. due to small indoor space.

The room licensed is next to the kitchen.

The Provider must maintain the licenser's capacity at all the time (4 children)

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: *Ayuma Carreon/Sikana Carreon*
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: *Yolanda Gonzalez*
(Person in Charge)
Yolanda Gonzalez