

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Amparo Pichardo Date: 9/12/23 Time: 10:48 am

Location Address: 69 Clairmont Ave Apt 1, Wtlaj-06708 Telephone #: 203 528 4443

e-mail address: huelitasfamilydaycare@gmail.com License #: 56496 Expiration Date: 7/31/26

Capacity: 4+3 # of Children Present: 8 # of Staff Present: 2

**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: Amparo Pichardo *

Purpose of visit: Safe Sleep

Observations/Corrections needed:

19a-87b-10

72) Did not observe any infants sleeping inside of cribs.

Two infants present during follow up inspection, both staff were holding infants while bottle feeding.

19a-87b-10

73) Observed loose fitting crib sheets in both cribs where infants sleep.

Provider replaced crib sheets with snug fitting crib sheet during inspection.

Reviewed with provider regulation 19a-87b-10 regarding all infants must sleep in a crib with a snug fitting ~~mattress~~ crib sheet covering mattress.

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: 9/26/23

Signature: Alexandra K
(OEC Representative)

Print Name: Alexandra Rodriguez

Signature: Amparo Pichardo
(Person in Charge)

Print Name: AMPARO PICHARDO