

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Melissa Cardoso Date: 9/14/23 Time: 10:45A

Location Address: 183 Blatchley Ave. New Haven Telephone #: (203) 906-7572

e-mail address: cardosolearningcenter@gmail.com License #: 57661 Expiration Date: 6/30/26

Capacity: 6-3 # of Children Present: 5 # 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 Melissa Cardoso

Purpose of visit: Follow up visit 8-8-2023.

Observations/Corrections needed:

* Second floor was inspected. in compliance.
* Household members background records updated.

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: _____

Signature: Silvana Carreon
(OEC Representative)

Print Name: Silvana Carreon.

Signature: Melissa Cardoso
(Person in Charge)

Print Name: Melissa Cardoso