

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Marie St. Jean Date: 9/8/23 Time: 8:35  
Location Address: 39 Henry St., New Haven Telephone #: 203-645-3952  
e-mail address: mst5258@yahoo.com License #: 56129 Expiration Date: 4/30/24  
Capacity: 6+3 # of Children Present: 4 # of Staff Present: 2

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Confirm compliance with capacity/safe sleep.

Observations/Corrections needed:

Partial inspection to confirm continued compliance with #4 & 73 (capacity/safe sleep). 6/28/23 full/7/11/23 follow up.

Observed capacity met and mattress attached to crib base.

#73 - Observed loose crib sheet on portacrib for infant.

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: 9/22/23

Signature: Linda Maytan  
(OEC Representative)  
Print Name: Linda Maytan  
Signature: Marie St. Jean  
(Person in Charge)  
Print Name: Marie St. Jean