

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ana Grande Date: 9.2023 Time: 11:45 AM
Location Address: 188 W Spring St West Haven Telephone #: 203 850 2088
e-mail address: anagarsi@1212@gmail.com License #: 55074 Expiration Date: 7.31.25
Capacity: 6-3 # of Children Present: 3 # 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: [Signature]

Purpose of visit: Follow UP - CAP

Observations/Corrections needed:

The provider has corrective action plan 90% completed
only missing BCIS- to complete 100%
Provider received more information about BCIS
CAP (Correct Action Plan) was extended to
October 10, 2023

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: Oct 10 - 2023

Signature: [Signature]
(OEC Representative)
Print Name: Silvana Carreon
Signature: [Signature]
(Person in Charge)
Print Name: ana Grande