

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yamilka Santana Date: 9/11/23 Time: 2:40

Location Address: 416 Savoy Street Bridgeport Telephone #: 917-319-3374

e-mail address: Santanayamilka86@gmail.com License #: 59182 Expiration Date: 4/30/27

Capacity: 6/3 # of Children Present: 6 # 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> <u>X Yamilka Santana</u>
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Purpose of visit: Follow up - 3 months - capacity & sub use

Observations/Corrections needed:

— No Violations —

Discussion: Sink upstairs in bathroom is under repair. Children are using a sink/laundry sink on basement level for handwashing. Water temperature was approved during change of address and is adequate today.

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: [Signature]
(OEC Representative)

Signature: [Signature]
(Person in Charge)