

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Amparo Richards Date: 9/28/23 Time: 11:2 am

Location Address: 69 Clairmont Ave Apt 1, Wtlby Telephone #: 203 982 4468

e-mail address: huelitasfamilydaycare@gmail.com License #: 56496 Expiration Date: 7/31/24

Capacity: 6+3 # of Children Present: 8 # of Staff Present: 2

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.</i> Provider/Applicant/Substitute's Signature <u>Amparo Richards</u> *
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Purpose of visit: Safe Sleep

Observations/Corrections needed:

19a-87b-10

#73) Observed snug fitting mattress and snug fitting
crib sheets in two cribs where infants sleep.

Pronder in compliance.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Alexandra
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: Amparo Richards
(Person in Charge)