

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: Ana Maria Hernandez Date: 12/10/24 Time: 9:19 am

Location Address: 227 New Haven Ave, Walling Telephone #: 203-982-3835

e-mail address: emelis072002@gmail.com License #: Pending Expiration Date: N/A

Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

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 Ana Hernandez

Purpose of visit: Follow Up : Confirming Weapons & Ammunition are stored in separate locked boxes

Observations/Corrections needed:

19a-87b-9(d)(4)(D)

#38) Provider demonstrated weapons and ammunition are kept separate in locked ~~best~~ boxes. One box has a number combination. Second box has a key lock. Both boxes are kept upstairs, away from daycare area inaccessible to children.

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: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Ana Hernandez
(Person in Charge)