

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Albania Santos Date: 2/4/25 Time: 2:00 pm
Location Address: 621 N Colony Street F13 Telephone #: 908-525-5659
e-mail address: EVQ albania22 License #: 57825 Expiration Date: 5/31/27
jasedaycarect@gmail.com Meriden
Capacity: 6+3 # of Children Present: 9 # 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: X Albania Santos

Purpose of visit: Partial visit

Observations/Corrections needed:

19a-87b-8 Qualifications of staff - Substitute
(NS) DEC observed approved substitute at time of visit
DCFS 92767

19a-87b-9 Physical Environment - Supervision
(NS) DEC observed supervision of children at time of visit.

Discussions -
- Discussed difference between DEC approved Substitute
and Assistant.

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: n/a

Signature: Evelyn Vicente-Quinones
(OEC Representative)
Print Name: Evelyn Vicente-Quinones
Signature: X Albania Santos
(Person in Charge)
Print Name: X Albania Santos