

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Agripina Ramirez Date: 6/24/25 Time: 9:43 AM

Location Address: 440 Orchard Street New Haven Telephone #: 203-390-9308

e-mail address: Vicentheredia.vasquez@outlook.com License #: 57321 Expiration Date: 2/29/28

Capacity: 6+3 # of Children Present: 5 # 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 _____
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Purpose of visit: Follow up

Observations/Corrections needed:

19a-87b-9a(c) Physical environment - Harmful Substances
(NS) Regulation in compliance, DEC observed potentially harmful substances inaccessible to children

19a-87b-9(a) Physical environment - Cleanliness
(NS) Regulation in compliance, DEC observed the home to be in a clean and sanitary condition.

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: [Signature]
(OEC Representative)
Print Name: Erilyn Vicente - Quiñones
Signature: [Signature]
(Person in Charge)
Print Name: Agripina