

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

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Jahaira Ortiz      Date: 8/29/25 Time: 9:00 am  
Location Address: 196 Dover Street      Telephone #: 203-690-9032  
New Haven, CT. 06513  
e-mail address: jahairaortiz8519@hotmail.com      License #: 55719      Expiration Date: 7/31/26  
Capacity: 6+3      # of Children Present: 6      # of Staff Present: 2      Provider  
Approved sub  
under 18 months

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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: <u>Jahaira Ortiz</u>
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Purpose of visit: Follow-up to observe barrier for driveway  
barring access to Road.

Observations/Corrections needed:

39. A 51 inch metal gated link fencing was  
added to the front of driveway with  
a lock completely barring access  
to the road/driveway when children  
are in the back yard playspace.

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)  
Print Name: Stef J Russo  
Signature: [Signature]  
(Person in Charge)  
Print Name: Jahaira Ortiz