

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jeanette Jimenez Date: 11/29/21 Time: 10:30 am  
Location Address: 80 Paradise Court Telephone #: 203-526-0693  
Stratford, CT 06614  
e-mail address: jsilva@optonline.net License #: 56898 Expiration Date 2/28/25  
Capacity: 6+3 # of Children Present: 4+1 # of Staff Present: 1

**Consent to Inspect  
Family Child Care Home**

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

Purpose of visit: Follow-up to observe capacity

Observations/Corrections needed:

4. The providers capacity was maintained during the follow-up inspection, per observations + review of childrens records

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: NO Cap require d

Signature: [Signature]  
(OEC Representative)  
Print Name: Stef A. Russo  
Signature: [Signature]  
(Person in Charge)  
Print Name: Jeanette Jimenez