

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Zujeiry Garcia Date: 12/16/21 Time: 1:25

Location Address: 491 Silver Sands Road Telephone #: 203-533-9873

e-mail address: suecam83@yahoo.com License #: 54735 Expiration Date: 6/30/2022

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

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:

No safe sleep violations at time of inspection

First Aid / CPR expiration 12/4/2023.

Testing in compliance at time of inspection

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: John B. Lawrence

Signature: [Signature]
(Person in Charge)

Print Name: Zujeiry Garcia