

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Angela Molina de Anziani Date: 2/19/22 Time: 1:30p

Location Address: 193 Summerfield Ave, Bridgeport Telephone #: 917-523-8024

e-mail address: angelamolnadeanziani@gmail.com License #: Pending Expiration Date: —

Capacity: — # of Children Present: — # of Staff Present: —

**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 Angela M

Purpose of visit: follow up of initial inspection 7/28/21

Observations/Corrections needed:

#23 - Freedom of Hazards - observed backyard fenced in children have no access to debris.

#35 Carbon Monoxide Detector - observed a CO2 monitor on every floor

#39 Safe Space - Outdoor space was observed for children to play

#50 - First Aid - child/infant CPR mouthpiece observed in First Aid kit.

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: Carlos Albizu

Signature: Angela M

(Person in Charge)
Print Name: Angela M