

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Miriam Egea Date: 2/28/22 Time: 9:35a

Location Address: 155 Sherman St Bridgeport CT Telephone #: 203 583 1058

e-mail address: egeam1966@gmail.com License #: 56252 Expiration Date: 1/31/25

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature [Signature]

Purpose of visit: Follow-up visit to 2/16/2022

Observations/Corrections needed:
- No violations during visit. Infant resting
in play yard following all safe sleep provisions.

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: Eileen Ruiz

Signature: [Signature]
(Person in Charge)

Print Name: Miriam Egea