

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Marisa M. Das Santos Date: 3/27/22 Time: 9:20A

Location Address: 1268 Lindley St. Telephone #: 203 545-9131

e-mail address: Bridgeport, CT, 06606 License #: 50434 Expiration Date: 1/31/26  
LTIC, marisa.56@jmd.t.com

Capacity: 63 # of Children Present: 4 # of Staff Present: 3

**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 from full

Observations/Corrections needed:

- No violations found at time of visit.

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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]  
NOEC Representative

Print Name: Janetish Lopez

Signature: [Signature]  
(Person in Charge)

Print Name: Marisa Santos