

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tris Valentin de Nunez Date: 7/6/22 Time: 8:30
Location Address: 167 Weber Ave, Bridgeport Telephone #: 917-995-3922
e-mail address: KRISYV1007@gmail.com License #: 57317 Expiration Date: 2/29/24
Capacity: 6⁺3 # of Children Present: 2 # of Staff Present: 2

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: Tris Valentin

Purpose of visit: Investigation 2022-453

Observations/Corrections needed:

NS Qualifications of Staff - 19a-87b-8 - Provider had to leave due to an emergency. Parents were notified that her husband (licensed substitute) was caring for 3 children for one week.

NS Responsibilities of the provider and substitute
Provider maintains children's record, which includes enrollment, children's health records, emergency contacts, emergency permissions, authorized release and transportation permission

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: Tris Valentin
(Person in Charge)
Print Name: Tris Valentin