

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Iris Polanco Date: 8/24/22 Time: 9:00A.

Location Address: 193 Capital Ave wby Telephone #: 917-374-3007

e-mail address: Trispolanco@gmail.com License #: 57130 Expiration Date: 12-31-22

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

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: [Signature]

Purpose of visit: Follow up from up -

Observations/Corrections needed:

- 13. Did not observe providers current physical.
- 50. Didn't observe a complete First Aid kit.
- 53. 2 of 2 kids did not have Enrollment forms

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: 9/7/22

Signature: [Signature]
(OEC Representative)
Print Name: Janet Lopez
Signature: [Signature]
(Person in Charge)
Print Name: Iris Polanco