

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Zujeiny Garcia Date: 11/19/2022 Time: 11AM

Location Address: 491 Silver Sands Rd. East Haven, CT. Telephone #: 203-833-9873  
54735

e-mail address: Suecam83@yahoo.com License #: 675 Expiration Date: 6/30/26

Capacity: Cat 3 # of Children Present: 1 # of Staff Present: 1

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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: <u>[Signature]</u>
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Purpose of visit: Follow up to 10/24/2022 full inspection

Observations/Corrections needed:

#38 - Per provider Air soft guns and ammunition have been removed from the home  
Licensing Specialist didn't observed any weapons

#46 - observed water temperature of 110.6°

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: BRIDGET HEARN

Signature: [Signature]  
(Person in Charge)  
Print Name: Zujeiny Garcia