

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Balbina Quiroz Reyes Date: 2/7/23 Time: 9:10a

Location Address: 73 Bassick Ave Bridgeport CT Telephone #: 2035835479

e-mail address: balbinaquiroz@yahoo.com License #: 57001 Expiration Date: 2/28/26

Capacity: 6/3 # of Children Present: 7 # 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 Use of staff + capacity

Observations/Corrections needed:

#4 Capacity - Provider's approved staff was not present. Provider was out of capacity with 7 children.

Provider states staff had an appointment.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/21/23

Signature: [Signature]
(Person in Charge)