☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Balbina Quinz Reyes Date: 3/2/23 Time: 12:15p

Location Address: 73 Bassick Ave Bridgeport Telephone #: 2035835479

e-mail address: balbinaquinz@yahoo.com License #: 576O1 Expiration Date: 2/28/26

Capacity: 6/3 # of Children Present: 7 # of Staff Present: 2

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*** X

Purpose of visit: Follow up Capacity for inspection on 2/7/23

Observations/Corrections needed:

No Violations Observed

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: _____ *(OEC Representative)*

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: /

Signature: _____ *(Person in Charge)*