

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Balbina Quiroz Reyes Date: 5/24/23 Time: 110#a

Location Address: 73 Bassick Ave Bridgeport Telephone #: 203 583 5479

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

Capacity: 6+3 # of Children Present: 7 # of Staff Present: — Not present

**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: 3 month Partial -Capacity

Observations/Corrections needed:

- Provider states she has been working with the unapproved staff with her supervision. Never, alone, until today.
- upon arrival, provider was not home. 7 children present with an ~~adult~~ adult that has an application in process with agency. the adult also is current in BCIS system. (Provider arrived within 5 minutes)
  - Provider states at 10:40am she got a call from her child's school and felt she needed to speak with school personnel. So she left. Her approved substitute was en route but didn't arrive in time to relieve her.
  - #19 Adult left with children is not yet approved by agency. Is current in BCIS.
  - #4 7 children left with unapproved staff.
  - #85 Provider left children in care without approved staff. or emergency caregiver present.
  - #16 Provider failed to demonstrate good judgement when she left unapproved staff with seven children

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: June 9, 2023

Signature: \_\_\_\_\_

(Person in Charge)