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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Balbina Quiroz Reyes Date: 6/1/23 Time: 2:12 pm

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

e-mail address: balbinaquiroz@yahoo.com License #: 5760 Expiration Date: 2/28/26

Capacity: 6/3 # of Children Present: 8 #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***

Purpose of visit: Follow up to visit 5/26/2023

Observations/Corrections needed:

NO Violations, in Capacity with approved staff

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)