

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Balbina Quiroz Reyes Date: 6/8/23 Time: 8:16 AM
Location Address: 73 Bassick Avenue Apt. Telephone #: 203-583-5479
e-mail address: Balbinaquiroz@hotmail.com License #: 57601 Expiration Date: 2/28/2024
Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Follow up

Observations/Corrections needed:

Upon arrival Provider had was
observed caring for two children.

- NO violations cited.

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: Eileen Rinz Sandy Vargas
Signature: [Signature]
(Person in Charge)
Print Name: Balbina Quiroz