

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Candelaria M. Ortiz Date: 6/12/23 Time: 1146a

Location Address: 128 Gordon st, Bpt, Ct Telephone #: 46-500-2853

e-mail address: Candelaria.ortiz82@icloud.com License #: 57653 Expiration Date: 5/31/26

Capacity: 6+3 # of Children Present: 6 # 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 Candelaria M. Ortiz

Purpose of visit: Follow up

Observations/Corrections needed:

Upon arrival provider was observed with a substitute (#55181) caring for 6 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.

Signature: [Signature]
(OEC Representative)

Signature: Candelaria M. Ortiz
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____