

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Cynthia Kelsia de Souza Rocha Date: 6/26/23 Time: 11:58 AM

Location Address: 9 Folino Dr. Bridgeport, CT Telephone #: 203-690-7607

e-mail address: Cynthiakelsia28@gmail.com License #: 57652 Expiration Date: 3/28/25

Capacity: 6+3 # of Children Present: 9 # of Staff Present: 2

**Consent to Inspect**      I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home**      child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature X Miriam Rocha

Purpose of visit: Capacity & substitute use

Observations/Corrections needed:

No violations

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: Candy Vargas  
Signature: [Signature]  
(Person in Charge)  
Print Name: Miriam Rocha