

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Estephany Olivo Date: 7/11/2023 Time: 9:23 am

Location Address: 560 Chickadee Lane Stratford Telephone #: 347-951-2799

e-mail address: estephany1893@gmail.com License #: pending Expiration Date: \_\_\_\_\_

Capacity: proposed # of Children Present: \_\_\_\_\_ # of Staff Present: 1  
b+3

<b>Consent to Inspect Family Child Care Home</b>	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 <u>[Signature]</u>
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Purpose of visit: Follow up inspection

#### Observations/Corrections needed:

(NS) #23 observed outdoor play equipment secured; observed motor boat engine and glass fish tank removed. Observed treadmill removed from area and relocated to garage.

(NS) #29 observed area in basement with new window installed. Window measurement is 26" width and 21" in height. Observed no fixed landing and bottom of opening to fixed landing measures 47" w/s. Olivo has decided not to proceed with making further corrections to window and understands she cannot use <sup>said room</sup> for child care purposes. w/s. Olivo made the room inaccessible to children during visit.

(NS) #32 observed evacuation plan complete.

#### Discussion

discussed b+3 capacity regulations

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: n/a

Signature: [Signature]  
(OEC Representative)  
Print Name: Evelyn Vicente - Quirones Silvana Carron  
Signature: [Signature]  
(Person in Charge)  
Print Name: Estephany Olivo