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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Iris Y Valentin de Nuñez Date: 8/3/23 Time: 256p

Location Address: 167 Weber Ave Bridgeport Telephone #: 917 995-3922

e-mail address: irisyv1007@gmail.com License #: 57317 Expiration Date: 2/29/24

Capacity: 6+3 # of Children Present: 5 # 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*** X Iris Valentin

Purpose of visit: Follow up to mattress topper in play yard

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: _____ *(OEC Representative)*

Print Name: Eileen Ruiz

Signature: Iris Valentin *(Person in Charge)*

Print Name: Iris Valentin