

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Vivian Alvarez Date: 8/3/23 Time: 9/3a

Location Address: 568 Granfield Ave Bridgeport Telephone #: 203 612 4133

e-mail address: juanvivian64@gmail.com License #: 56923 Expiration Date: 5/31/25

Capacity: 6+3 # of Children Present: 4 # of Staff Present: 1

**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 Vivian Alvarez

Purpose of visit: Follow up to use of unapproved staff

Observations/Corrections needed:

Provider's substitute is on vacation. Working with 4 children. Daughter that lives in home is present but not assisting with childcare.

— 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: Eileen Ruiz  
(OEC Representative)  
Print Name: Eileen Ruiz  
Signature: Vivian Alvarez  
(Person in Charge)  
Print Name: Vivian Alvarez