

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Quinyatta Y. George Date: 8/25/23 Time: 11:49AM

Location Address: 85 Ohio Avenue, Norwalk Ct Telephone #: 203-642-4969

e-mail address: QYG281@gmail.com License #: 56961 Expiration Date: 9/30/25

Capacity: 6+3 # of Children Present: 3 # 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 Quinyatta George

Purpose of visit: Background Checks

Observations/Corrections needed:

19a-87b-8a-C Provider failed to maintain evidence at the family child care home of compliance with background checks.

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: September 8th, 2023

Signature: Candy Vargas

(OEC Representative)

Print Name: Candy Vargas

Signature: Quinyatta George

(Person in Charge)

Print Name: Quinyatta George