

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria del pilar de za Date: 7/7/23 Time: 1
Location Address: 16 Ferris Avenue # 4 Telephone #: 203-613-2444
e-mail address: maria.delp.lar123@icloud.com License #: 57184 Expiration Date: 4/30/27
Capacity: 6+3 # of Children Present: 1 # 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 _____
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Purpose of visit: Capacity

Observations/Corrections needed:

After inspection conducted on 7/5/23
Provider increased outdoor play space
(to use deck area and safe space on blacktop
using temporary fencing as shown in photos submitted)
to make enough space so that her capacity
remains as is.

Provider apologized for not signing inspection
report at the time of inspection.

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: _____
(Person in Charge)
Print Name: _____