

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: IRIS Polanco Date: 9/12/23 Time: 9:30 am
Location Address: 193 Capitol Ave, wtbj 06705 Telephone #: 203 527 7648
e-mail address: iris.polanco711@gmail.com License #: 57130 Expiration Date: 12/31/26
Capacity: 6+3 # of Children Present: 0 # 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 [Signature] *

Purpose of visit: Background Check

Observations/Corrections needed:

19a-87b-8a
#21) Provider's background check not current.

Observed no children in daycare. Provider stated she will not care for children enrolled in her daycare until her background check is current.

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: 9/26/23

Signature: [Signature]
(OEC Representative)
Print Name: Alexandra Rodriguez
Signature: [Signature]
(Person in Charge)
Print Name: IRIS POLANCO