

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


SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Balbina Quinz Reyes Date: 9/11/23 Time: 9:00a

Location Address: 73 Bassick Ave Bridgeport Telephone #: 203 583 5479

e-mail address: balbinaquinz@yahoo.com License #: 57601 Expiration Date: 2/28/24

Capacity: 6/3 # of Children Present: 6 # of Staff Present: 2

Consent to Inspect Family Child Care Home	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i> 
--	---

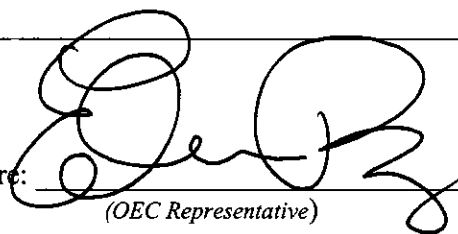
Purpose of visit: 3 month Follow up Capacity

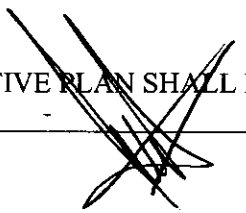
Observations/Corrections needed:

→ No violations observed —

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 

Signature: _____
(Person in Charge)