☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cynthia Kelsia de Souza Rocha Date: 9/12/23 Time: 1238p

Location Address: 90 Folino Drive Bridgeport Telephone #: 203-690-7607

e-mail address: cynthiakelsia28@hotmail.com License #: 57652 Expiration Date: 5/31/26

Capacity: 6/3 # of Children Present: 8 # of Staff Present: 3

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 Rocha

Purpose of visit: Follow up - 3 months

Observations/Corrections needed:

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: _____ *(OEC Representative)*

Print Name: Eliyar Ruiz

Signature: _____ *(Person in Charge)*

Print Name: CYNTHIA ROCHA