

Connecticut Office of Early Childhood  
Division of Licensing  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: IRIS Polanco Date: 10/10/23 Time: 12:57pm

Location Address: 193 Capitol Ave, Wtbey 06705 Telephone #: 917 374 3007

e-mail address: irispolanco711@gmail.com License #: 57130 Expiration Date: 12/31/26

Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** 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) Observed no children in care at time  
of inspection. Provider's background check states  
WSP. on BCIS. Will follow up with legal department.

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: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: \_\_\_\_\_

Signature: [Signature]  
(Person in Charge)