

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Heidy Ramirez Date: 10/26/23 Time: 9:30a

Location Address: 645 Central Ave Fl 2 Bridgeport Telephone #: 718 844 3415

e-mail address: heidy.carb@225@gmail.com License #: 57580 Expiration Date: 12/31/25

Capacity: 4/3 # of Children Present: 8 # of Staff Present: 2

**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: Follow up infant cribs - mattress

Observations/Corrections needed:  
Provider not present - upstairs in Floor #3.  
Two substitutes present Floor #3 with children.  
DCFS #92079 and DCFS 92254  
— 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: [Signature]  
Print Name: Eliel Ritz  
Signature: [Signature]  
Print Name: Jasmin Rivera  
(Person in Charge)