

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Geisy Garcia Date: 10/24/23 Time: 9:30am

Location Address: 1655 Cutspring Road Telephone #: 203 293 3424
Stratford, CT. 06614

e-mail address: tinyheartdaycare05@gmail.com License #: 57779 Expiration Date: 1/31/27

Capacity: lot 3 # of Children Present: 6 # 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 <u>Geisy G Garcia</u>
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Purpose of visit: Follow-up to observe fencing/barrier in outdoor play space

Observations/Corrections needed:

39.4ft Construction fencing was observed across the front yard barring access to the steep hill leading to the road.

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: Stef A. Russo
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: No cap required

Signature: Geisy G Garcia
(Person in Charge)

