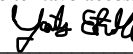


FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	YARITZA NUNEZ ESTRELLA				License Number	DCFH	Date of Inspection	04/23/2025
					Expiration Date		Time of Inspection	09:31 AM
Address	65 RIDGEBROOK DR BRIDGEPORT CT 06606-1925				Telephone	(347) 653-9709	Regular Capacity	6
					Hours of Operation	6:00 AM 6:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	2	Night Hours	No
Type of Inspection	Follow up on Body of Water and Safe Exits				Inspector's Name	Candy Vargas		
Provider's Email	YARIESTAR04@GMAIL.COM				Inspector's Email	candy.vargas@ct.gov		

CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

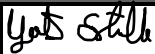


Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation:	Description:

Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
YES/NO: No		WERE VIOLATIONS CITED DURING THIS VISIT?	
DISCUSSIONS/COMMENTS			
Safe Exits and Body of Water are in compliance			
IMPORTANT NOTES			
- It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater. - Items left blank on this form were not monitored during this visit. Only the regulations marked as compliant or non-compliant were monitored or discussed. Providers are required by statutes and regulations to be in compliance at all times. - APPLICANTS –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.			
 (Signature of OEC Representative)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Candy Vargas (Printed Name)			YARITZA NUNEZ ESTRELLA (Printed Name)