

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other Pre License Consent order

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yaritza Nunez Estrella Date: 7/8/25 Time: 9:45 am
Location Address: 65 Ridgewood Dr. Bridgeport Telephone #: 347 653 9709
e-mail address: yariestar04@gmail.com License #: 58193 Expiration Date: 4/30/29
Capacity: 6+3 # of Children Present: 5 # of Staff Present: 1

**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: Yaritza Estrella

Purpose of visit: Pre License Consent Order Visit

Observations/Corrections needed:

*Children present were (4 household members and one visiting relative)

(NS) #9) Did not observe household member listed on consent order present in the home.

(NS) #10) Provider stated household member listed on consent order is not her emergency contact and provided licensing specialist with an alternate contact.

(S) Violations
19a-87b-13(a) Access

Observed one bedroom door locked in basement next to childcare area. Provider stated she lost key.

Discussed with provider importance of ensuring OEC has immediate access to all areas of home and to have a spare key available.

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: 7/22/25

Signature: Alexandra Rodriguez
(OEC Representative)
Print Name: Alexandra Rodriguez
Signature: Yaritza Estrella
(Person in Charge)
Print Name: Yaritza Nunez Estrella