

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yaritza Nuñez Estrella Date: 7/15/25 Time: 10⁰³ am

Location Address: 65 Ridgewood Dr. Bpt Telephone #: 3476539709

e-mail address: yariestar04@gmail.com License #: 58193 Expiration Date: 4/30/29

Capacity: 6+3 # of Children Present: 3 # 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: Yaritza Estrella

Purpose of visit: Follow Up - Access

Observations/Corrections needed:

(NS) 19a-87b-13(a) Access

- Provider was able to give OEC Licensing Specialist immediate access to all parts of home.
- Room that was locked in previous inspection on 7/8/25 was not locked.

Provider in compliance, 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: N/A

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