

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Yaritza Nuñez Estrella Date: 12/4/25 Time: 9:50 am

Location Address: 45 Ridgebrook Dr Bpt 06606 Telephone #: 3476539709

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

Capacity: let 3 # of Children Present: 4 # 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: Pre licensure consent order monitoring #2

Observations/Corrections needed:

(NS) #7) Pre-Licensure Consent order posted in a conspicuous place available to parents.

(NS) #8) Did not observe household member listed on consent order present in the home during business hours or while children are enrolled in family childcare.

(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. Provider stated she has an alternate contact.

No violations observed during pre licensure consent order monitoring. Provider understands she must continue to abide by terms on pre licensure consent order.

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 Estrella