

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ivelis Valentin Date: 3/30/16 Time: 9:27am

Location Address: 367 Connecticut Ave Bridgeport ⁰⁶⁶⁰⁷ Telephone #: 415-449-4410

e-mail address: valentin.ivelis@gmail.com License #: 57899 Expiration Date: 2/28/30

Capacity: 613 # of Children Present: 20 (18) # 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: [Signature]

Purpose of visit: Follow up for snow covered outdoor play area

Observations/Corrections needed:

Observed outdoor play area without snow cover. Observed outdoor play area to be sufficient and free of observable hazards.

No violation.

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: [Signature]
(OEC Representative)
Print Name: Rebecca LaRosa
Signature: [Signature]
(Person in Charge)
Print Name: Ivelis Valentin