

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Norma Reyes Date: 11/19/2021 Time: 10:15am

Location Address: 615 Washington Ave New Haven Ct Telephone #: 203-508-0754

e-mail address: norma.socorro58@yahoo.com License #: 52611 Expiration Date: 4/30/2023

Capacity: 6/3 # of Children Present: 3 # of Staff Present: 0

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 <u>Norma Reyes</u>
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Purpose of visit: Follow-up / CAP

Observations/Corrections needed:

- #13 There was proof of medical appt on 12/6/2021.
- #23 Ceiling in the child care was repaired completely.
- #50 In Compliance. There was a complete first aid kit supplies

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: Norma Reyes

Signature: [Signature]  
(OEC Representative)  
Print Name: Ir R. Combs  
Signature: Norma Reyes  
(Person in Charge)  
Print Name: Norma Reyes