

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Reina Guzman Date: 4/12/22 Time: 11:00A

Location Address: 143 Southmyrd Rd Wlby Telephone #: 203-465-9617

e-mail address: reina.yumi@gmail.com License #: 57132 Expiration Date: 1/31/23

Capacity: 6⁺³ # of Children Present: 2 # of Staff Present: 2

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: Reina Guzman

Purpose of visit: * Follow Up From Full

Observations/Corrections needed:

- 24. Observed Harmful Chemicals for cars outside accessible to children
- 46. Water temperature was at 140°
- 55. 1 of 3 kids doesn't have complete Immunizations.

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: 4/26/22

Signature: [Signature]
OEC Representative
Print Name: Janisha Lopez
Signature: Reina Guzman
(Person in Charge)
Print Name: Reina Guzman