

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leticia Reina - Oregon Date: 7/20/22 Time: 3:00 p.m.

Location Address: 17 Walcott Hill Rd. Wetherfield. Telephone #: 860 436 1475

e-mail address: leticia.reina@phoo.com License #: 56349 Expiration Date: 9/30/25

Capacity: 6+3 # of Children Present: 4 # 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 visit for safe space/Baby of water.

Observations/Corrections needed:

⑤ # 17. Observed no Adult Medical Statement for two household members. As per provider appointments were on 6/30/22, forms still pending.

⑤ # 23 In compliance; hose was put away.

⑤ # 40 Observed inflatable pool had been removed from backyard.

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: Aug 3/22

Signature: [Signature]
(OEC Representative)
Print Name: Carmen E. Valenzuela
Signature: [Signature]
(Person in Charge)
Print Name: Leticia Reina