

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maricel Arroyo Date: 7/27/22 Time: 10:08 am

Location Address: 103 Judith Ter New Haven Telephone #: 2039012534

e-mail address: nmary975@yahoo.com License #: 56614 Expiration Date: 4/30/25

Capacity: 6+3 # of Children Present: 9 # 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: Maricel Arroyo

Purpose of visit: Follow-up to visit on 7/13/22
Body of water.

Observations/Corrections needed:

- (S) # 28 In compliance with regulations. All outlets protected, electrical cord secured.
- (S) # 33 Observed log of emergency evacuation drills with a drill recorded on 7/15/22.
- (S) # 40 Observed fence at 48' inches of height all around, and no gaps on fence. In compliance with regulations.
- (S) # 54 Observed current health records for all children.
- (S) # 55 Observed current vaccine record for all children.
- (S) # 56 Observed complete emergency permission for child who had only the father as person to contact in emergency who parents cannot be reached. In compliance with regulations.
- (S) # 58 Observed complete transportation permission, in compliance with regulations.
- (S) # 95 Observed complete parental permission to apply Aquaphor. In compliance with regs.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Carmen Elena Valenzuela
(OEC Representative)

Print Name: Carmen E. Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Maricel Arroyo
(Person in Charge)

Print Name: Maricel Arroyo