

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Centro Renacer Before and After School Date: 10/3/2022 Time: 12:40PM

Location Address: 24 Salem St. New Haven, CT. 06519-2235 Telephone #: 203-996-7143

e-mail address: centrorenacer@yahoo.com License #: 30008 Expiration Date: 11/30/2023

Capacity: 10 # of Children Present: 7 # of Staff Present: 1

<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 _____
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Purpose of visit: Follow up 2 people present from 7/7/2022 full inspection

Observations/Corrections needed:

~~120~~ observed 7 children with 1 staff. 2nd staff was not on licensed premises

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: 10/17/2022

Signature: [Signature]  
(OEC Representative)

Print Name: ROBERT Y. MORGAN

Signature: [Signature]  
(Person in Charge)

Print Name: Barbara M. Cruz