

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: 12/21/2022 Time: 12:20 PM

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

e-mail address: centrorenacer@yahoo.com License #: 80008 Expiration Date: 11/30/2023

Capacity: 10 # of Children Present: 7 # of Staff Present: 2

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial inspection for 2 staff present

Observations/Corrections needed:

observed 2 staff present - no violations observed

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: [Signature]
(OEC Representative) BARBARA C. HERRILL

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge) Barbara M. Cruz