

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nancy M Reyes Acosta Date: 7/31/2023 Time: 9:53 am

Location Address: 20 Summit Avenue Apt 1 New London Telephone #: 860-514-8667(c)

e-mail address: reyesnancy809@gmail.com License #: pending Expiration Date: _____

Capacity: 600 # of Children Present: 2 # 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: <u>Nancy Reyes</u>
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Purpose of visit: Follow up visit

Observations/Corrections needed:

#25 6:00am - 4:00pm M-F

2 grandchildren present with children's mother present during first few minutes of visit.

#50 observed complete first aid kit

#63 observed sufficient quantity and variety of indoor and outdoor equipment appropriate for needs of children

#66 observed flexible and balance written schedule

Since OEC visit on 6/22/2023 ^{EMR} ~~paid~~ applicant notified change of adding swimming pool.

#40 observed fencing installed measures less than 4' (48 inches) in height; it measured approximately 42" in height.

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: prior to licensure

Signature: Erdyn Vicente-Quinones melina Perez
(OEC Representative)

Print Name: Erdyn Vicente-Quinones melina Perez

Signature: x Nancy Reyes
(Person in Charge)

Print Name: x NANCY REYES