

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nancy M Reyes Acosta Date: 8/7/23 Time: 9:30 am

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

e-mail address: reysnancy809@gmail.com License #: pending Expiration Date: _____

Capacity: 600 # of Children Present: 0 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>X Nancy Reyes</u>
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Purpose of visit: Follow up visit

Observations/Corrections needed:

(NS) #46 observed fencing measure more than 4' (48" inches) in height - in compliance at today's visit.

Discussion:

- Parent permission required if children will be using pool (enrolled in child care)

- Maintain lock on ~~gate~~ gate latch at all times locked

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: n/a

Signature: Evelyn Vicente-Quinones
(OEC Representative)
Print Name: Evelyn Vicente-Quinones
Signature: X Nancy Reyes
(Person in Charge)
Print Name: X NANCY REYES