

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria Reyes Date: 8/31/23 Time: 1⁰³ pm

Location Address: 198 Bishop St., Wtlby 06704 Telephone #: 203 526 4662

e-mail address: reyesmaria.1922@yahoo.com License #: 54460 Expiration Date: 4/30/25

Capacity: 6+3 # of Children Present: 4 # 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 Maria Reyes *

Purpose of visit: Judgement

Observations/Corrections needed:

19a-87b-10

#72) Observed provider transfer infant of 8 months whom was sleeping in rocker, into cnb. When placing infant in cnb, provider placed infant ^{infant's} stomach.

#73) Upon arrival into provider's home, observed infant of 8 months old sleeping in rocker on floor with a blanket.

Discussed with provider importance of safe sleep requirements.

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: Alexander Ky
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/14/23

Signature: Maria Reyes
(Person in Charge)