

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leticia Reina-Oregon Date: 9/11/23 Time: 2:00 pm

Location Address: 17 Wolcott Hill Rd Wethersfield, CT 06109 Telephone #: 860 436 1473

e-mail address: leticia.reina@yahoo.com License #: 50349 Expiration Date: 9.30.25

Capacity: 10+3 # 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: [Signature]

Purpose of visit: Follow-up to safe sleep violation cited during full inspection on 9/14/23.

Observations/Corrections needed:

73 provider is now using tight-fitted sheet on pack n play mattress where infant is napped. observed her in compliance today.

*provider is still working on ~~completing~~^{correcting} the remaining violations *

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: [Signature]
(OEC Representative)

Print Name: Melina Perez

Signature: [Signature]
(Person in Charge)

Print Name: Leticia Reina Oregon