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

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rosanna Y. Reyes Date: 11/16/23 Time:

Location Address: 3 Mary Dr. Naugatuck, CT 06770-5222 Telephone #: 347 1052 9401

e-mail address: Nixanslittleark2@gmail.com License #: pending Expiration Date: pending

Capacity: 6+3 # of Children Present: 0 # 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*** Rosanna Y. Reyes |

Purpose of visit: Follow-up to water temperature violation that was cited during initial ~~full~~ inspection on 11/9/23.

Observations/Corrections needed:

#46 observed water temperature is no longer exceeding the 120°F limit. Water temperature is now 112.5°F.

#50 observed scissors, gauze squares, and 2 ~~pa~~ cold packs are now in the first aid kit.

**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: [illegible]
*(OEC Representative)*

Print Name: Melina Perez

Signature: Rosanna Y. Reyes
*(Person in Charge)*

Print Name: Rosanna Yulivel Reyes