

Connecticut Office of Early Childhood
Division of Licensing
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria Reyes Date: 11/22/23 Time: 9:17 am

Location Address: 198 Bishop St, Wtby Telephone #: 203 526 4662

e-mail address: reyesmaria1922@yahoo.com License #: 54460 Expiration Date: 6/30/25

Capacity: 6+3 # of Children Present: 6 # of Staff Present: 2

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.

Provider/Applicant/Substitute's Signature: Maria Reyes

Purpose of visit: Safe Sleep / Judgement

Observations/Corrections needed:

No violations during visit inspection; infant in
care turned 12 months as of 11/21/23.

Discussed safe sleep requirements with provider.

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: Alexandra Rje
 (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Maria Reyes
 (Person in Charge)