



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	NORMA REYES			License Number	DCFH.56611	Date of Inspection	01/05/2024
				Expiration Date	4/30/2027	Time of Inspection	02:43 PM
Address	615 WASHINGTON AVE NEW HAVEN CT 06519-1910			Telephone	(203) 508-0754	Regular Capacity	6
				Days and Hours	MON-FRI 5:00 AM - 11:00PM	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up inspection 9/18/2023			Name of Inspector	Silvana Carreon Zegarra		
Provider's Email	normasocorro58@yahoo.com			Inspector's Email	silvana.carreon-zegarra@ct.gov		

CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Norma Reyes

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

--	--	--

Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-5(f)(2)]	007-License Posted	
[19a-87b-5(g)]	008-Access to OEC Phone Number	
[19a-87b-5(h)]	009-Photo ID	

[19a-87b-5(i)]	010-Requests for Information	
[19a-87b-5(j)]	011-Notification of Change	
[19a-87b-6(a)]	012-Awareness of/Understanding of Regulations	



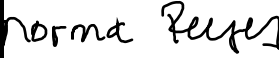
YES/NO: No **WERE VIOLATIONS CITED DURING THIS VISIT?**

Discussions:

All violation 9/18/2023 are in compliance'
The new household Members will complete background

Comments:

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)		NORMA REYES (Printed Name)