

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nancy W Reyes Acosta Date: 5/30/24 Time: 1:43 PM

Location Address: 20 Summit Avenue Apt 1 New London Telephone #: 860-514-8667

e-mail address: reyesnancy809@gmail.com License #: 57880 Expiration Date: 8/31/2027

Capacity: 6 to # of Children Present: 1 # 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 x Nancy Reyes

Purpose of visit: Followup to 3/21/24 visit and Notification of Change (Pool)

Observations/Corrections needed:

- (NS) 21 observed evidence of background check during visit (hard copy in file)
- (NS) 33 observed documentation of drill practiced on 3/27/24
- (NS) 48 observed emergency numbers posted
- (NS) 53 observed completed enrollment forms for children enrolled
- (S) 54 observed 1 child health record not complete by healthcare professional
- (NS) 55 observed complete immunization records, including flu vaccines on file
- (S) 56 observed missing documentation for 1 child (emergency permission)
- (S) 57 observed missing authorized release (other than parents) for 1 child
- (S) 58 observed missing documentation for permissions for 1 child
- (S) 59 observed missing permission documentation for 1 child
- (S) 60 observed all files with incident logs
- (S) 68 observed infant sleeping in swing - manufacturer label states "not intended for sleep" - discussed all safe sleep regulations
- (S) 72 observed infant sleeping on his belly in crib swing - not intended for sleep

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: 6/13/24

Signature: Evelyn Vicente - Quinones
(OEC Representative)

Print Name: Evelyn Vicente - Quinones

Signature: x Nancy Reyes
(Person in Charge)

Print Name: x Nancy Reyes

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nancy M Reyes Acosta License # 513024 ²¹¹⁰ Date: 5/30/24
57880

Observations/Corrections needed:

(NS) #11 Provider submitted notification of change on 5/25/24 (via text) indicating she would be installing pool and fence.

(NS) #40 observed pool installed in backyard - no water in pool as of yet; fencing has been installed and measures 48" (4') and above.

Discussions

- regulations regarding infant sleep
- Notification of change if new household member moves in
- Provider has submitted request to increase capacity from 6+0 to 6+3 (pending further review / approval)
- discussed ensuring not exceeding capacity of 6 children all at once until further notice / approval of staff and/or capacity increase.
- inspection visit conducted ^{and explained} in Spanish - daughter is fluent in both English and Spanish

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Signature: Evelyn Quintana
(OEC Representative)

Print Name: Evelyn Quintana

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Nancy Reyes
(Person in Charge)

OEC BY: 6/13/24

Print Name: NANCY REYES