



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	NANCY M REYES ACOSTA		License Number	DCFH.57880	Date of Inspection	06/24/2024
			Expiration Date	8/31/2027	Time of Inspection	09:34 AM
Address	20 SUMMIT AVE APT 1		Telephone	(860) 514-8667	Regular Capacity	6
	NEW LONDON	CT 06320-5710	Days and Hours	Sunday - Saturday 6:00AM-6:00PM	School Age Capacity	0
# Children Present	0	# Under 18 months present	0	Summer Care	Open	
Purpose of Inspection	Follow up visit		Name of Inspector	Evelyn Vicente-Quinones		
Provider's Email	Reyesnancy809@gmail.com		Inspector's Email	evelyn.vicente-quinones@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).

Nancy Reyes

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
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Provider has evidence of background at visit today

Statute and/or Regulation: [19a-87b-9(d)(5)]	Description: 033-Emergency Evacuation Drills-Quarterly
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Observed documentation for emergency drill conducted

Statute and/or Regulation: [19a-87b-9(k)]	Description: 048-Working Telephone/Emergency Numbers Posted
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Observed emergency numbers current with all children enrolled.

Statute and/or Regulation: [19a-87b-10(b)(1)]	Description: 053-Enrollment Form
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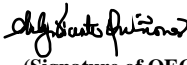
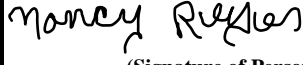
Observed completed enrollment forms for all children enrolled.

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

Provider previously texted OEC representative pictures of infant in pack n play face up with no hazards seen. Discussed all safe sleep regulations with provider at today's visit.

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 Person in Charge)	DATE CORRECTIONS DUE BY:	
Evelyn Vicente-Quinones (Printed Name)	NANCY M REYES ACOSTA (Printed Name)		