



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ROSANNA Y REYES		License Number	DCFH.57929	Date of Inspection	11/14/2024
			Expiration Date	11/30/2027	Time of Inspection	09:42 AM
Address	3 MARY DR NAUGATUCK CT 06770-5222		Telephone	(347) 652-9401	Regular Capacity	6
			Days and Hours	Monday-Friday 7:30AM-5:00PM	School Age Capacity	3
# Children Present	2	# Under 18 months present	2	Summer Care	Open	
Purpose of Inspection	Follow-Up for Infant/Toddler Restriction Violation that was Cited During Full Inspection			Name of Inspector	Melina Perez	
Provider's Email	Noahslittleark2@gmail.com			Inspector's Email	melina.perez@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).

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:	Description:
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Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

6 - During today's follow-up visit, provider was observed to have only 2 children under the age of 18 months in her care. Provider confirmed the 3rd child that was in care during full inspection on 11/6/2024 is no longer enrolled. ***Provider was observed to be in compliance during today's visit***

IMPORTANT NOTES

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- 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)		DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Melina Perez (Printed Name)			ROSANNA Y REYES (Printed Name)