

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria E. Lopez Date: 12/20/24 Time: 9:05 AM

Location Address: 42 Terrace Avenue Apt 1 New London Telephone #: 973-489-2557

e-mail address: marialopez131@hotmail.com License #: pending Expiration Date: pending

Capacity: 6+3 # of Children Present: 0 # 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 Maria Lopez

Purpose of visit: Follow up to initial visit conducted on 10/29/24

Observations/Corrections needed:

NS #21 Applicant in compliance; has evidence of background check - en cumplimiento, tiene evidencia de antecedentes

NS #31 Applicant in compliance; gate installed at stairway - en cumplimiento porton instalada en escaleras

NS #46 Applicant in compliance; water temperature observed at 104.3°F - en cumplimiento se observo la temperatura caliente hasta 104.3°F

NS #63 applicant in compliance; observed age appropriate outdoor play equipment - en cumplimiento - se observo juguetes apropiado para niños de diferente edades

NS #78 Applicant in compliance observed non-porous surface for diaper changing - en cumplimiento se observo un superficie no poroso para cambiar pañales

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: nja

Signature: Evelyn Vicente Quiñones
(OEC Representative)

Print Name: Evelyn Vicente Quiñones

Signature: Maria Lopez
(Person in Charge)

Print Name: MARIA LOPEZ