

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ivette Reyes Date: 6/24/25 Time: 9:00 am
Location Address: 14 Mountainview Terrace Telephone #: 475-227-9440
e-mail address: East Haven, CT 06513
Ivette Reyes 1970@gmail.com License #: 57688 Expiration Date: 8/31/26
Capacity: 6+3 # of Children Present: 3 # of Staff Present: 2 Provider
under 18 months 91957 Sub

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature: Ivette Reyes

Purpose of visit: Follow-up to inspection on 5/05/25 to observe outdoor playspace

Observations/Corrections needed:

- 23. A complete and secure fenced in playspace was observed in the backyard 3ft and over with a locked gated entrance, barring access to the school parking lot and school behind providers home, the 2 driveways on right and left side of home and The cement/rock stairs on right side of home
- 31. The backyard has a complete fenced in play area with a gated/locked entrance barring access to the rock/cement stairs on right side of home.
- 51. The dogs rabies certificate was observed and current. The date was 6/02/25 expiration 6/02/28.

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: No cap required

Signature: [Signature]
(OEC Representative)
Print Name: Steph A Russo
Signature: [Signature]
(Person in Charge)
Print Name: Ivette Reyes