

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Centro Renacer Before and After Date: 10-6-25 Time: 2:07

Location Address: 24 Salem St New Haven Telephone #: 475-234-6965

e-mail address: centrorenacer@yahoo.com License #: 80008 Expiration Date: 11/30/27

Capacity: 10 # of Children Present: 15 # of Staff Present: 2

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: Follow-up to inspection dated 7/18/25. Two staff present

Observations/Corrections needed:

NS #25 Two staff present - observed two staff and 5 children present

* submit copy of Social Service Consultant agreement and update Corrective Action plan.

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: -na-

Signature: Jennifer Schub
(OEC Representative)
Print Name: Jen Schube
Signature: JMH
(Person in Charge)
Print Name: Ivonne M Vargas