

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jelimar Martinez Date: 8/6/21 Time: 2:20

Location Address: 64 Stonybrook Rd Wtby Telephone #: 203-768-0883

e-mail address: Jelimarmartinez@gmail.com License #: 57238 Expiration Date: 7/31/22

Capacity: 6+3 # of Children Present: 6 # of Staff Present: 2

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: Jelimar Martinez

Purpose of visit: follow up for full inspection done on 7.28.21

Observations/Corrections needed:
- NO Violations found at time of visit

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: _____

Signature: J. Lopez
(OEC Representative)

Print Name: Anarish Lopez

Signature: Jelimar Martinez
(Person in Charge)

Print Name: Jelimar Martinez