

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria Martinez Date: 7/12/21 Time: 1:15pm
Location Address: 18 Orchard Terrace, E. Hfd Telephone #: 860-977-7628
e-mail address: unik1205@yahoo.com License #: 56590 Expiration Date: 2/28/23
Capacity: _____ # of Children Present: 1 # 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 Martinez

Purpose of visit: _____

Observations/Corrections needed:

Provider states the daycare is closed today.
Provider has a flood in her basement.

Note: Provider is watching granddaughters until daughter returns with sump pump and dehumidifier

Complete walk through done

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: Jannie Thornton
(OEC Representative)
Print Name: Jannie Thornton

Signature: Maria Martinez
(Person in Charge)
Print Name: Maria Martinez