

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maritza & Nuñez Sanchez Date: 12/17/21 Time: 9:55am

Location Address: 16 B Barbour St Hartford Telephone #: 860 281 6587

e-mail address: nunezmaritza302@gmail.com License #: 57357 Expiration Date: 8/31/24

Capacity: 4+0 # of Children Present: 2 # 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 _____

Purpose of visit: Follow-up to visit on Nov 17, 2021

Observations/Corrections needed:

- (V) #14, #15 Observed certificates current. Expiration date 11/10/2025
- (V) #16 In compliance with Regulations during this visit.
- (V) #19 In compliance with Regulations during visit. Observed provider with two children. No unauthorized staff observed during this visit.
- (V) #49 In compliance during this visit.
- (V) #50 Observed all first aid supplies required.
- (V) #53 Observed form completed and on file.
- (V) #54 Observed two children's health records complete. The other two children no longer attend the program.
- (V) #56 Observed permission form on file, and complete.
- (V) #57 Observed permission form on file, and complete.
- (V) #58 Observed permission form on file and complete.
- (V) #81 In compliance during 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: VIA

Signature: Carmen Elisa Obregón

(OEC Representative)

Print Name: Carmen Elisa Obregón

Signature: Maritza Nuñez

(Person in Charge)

Print Name: 11/17/21