

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carmen M. Martinez Date: 4/28/22 Time: 2:42pm

Location Address: 172 George St Hartford Telephone #: 860 207 8142

e-mail address: miriamc167@hotmail.com License #: 56116 Expiration Date: 3/31/24

Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1

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 X

Purpose of visit: Follow-up to visit on 4/20/22

Observations/Corrections needed:

- (S) # 7 Observed license posted
- (S) # 28 Observed cord secured and a plant in front of it.
- (S) # 33 Observed 1 evacuation drill^{log} on log with date of 4/26/22
- (S) # 56 Observed an authorized person to contact in emergency when parents cannot be reached. for the three children who needed one.
- (S) # 57 Observed three children still needs someone besides the parents authorized to pick up in their behalf.
- (NS) # 74 Observed no blanket on the pack-n-play
- (S) # 71 Upon arrival observed an infant on pack-n-play drinking from his bottle, Provider corrected 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: 5/12/22

Signature: Carmen M. Valenzuela
(OEC Representative)
Print Name: Carmen E. Valenzuela
Signature: Carmen E. Valenzuela
(Person in Charge)
Print Name: Carmen E. Valenzuela