

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carmen M. Martinez Date: 5/13/22 Time: 3:32pm

Location Address: 192 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
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 [Signature]

Purpose of visit: Follow-up to visit on 4/28/22

Observations/Corrections needed:

(NS) 157 Observed ^{for} permission form for the three children who needed an authorized release person, indicating someone else beside the parents authorized by the parents.

(NS) 71 Observed infant sleeping on pack-n-play, no bottle or anything else in the pack-n-play

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: N/A

Signature: [Signature]
(OEC Representative)
Print Name: Carmen E. Valenzuela
Signature: [Signature]
(Person in Charge)
Print Name: Miriam Martinez