

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Alma I Garcia Date: 6/16/22 Time: 8:12am
Location Address: 75 7th St. Newington Telephone #: 860 995 7998
e-mail address: almagarcia844@gmail.com License #: 57518 Expiration Date: 7/31/25
Capacity: 410 # of Children Present: 0 # 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 for safe sleep visit on 6/7/22

Observations/Corrections needed:

- (NS) # 35 Observed Carbon Monoxide detector on 1st level, installed, working.
- (S) # 44 Observed one trash can without a lid in the bathroom, and one next to bathroom, also without a lid
- (S) # 50 Observed incomplete first aid kit.
- (S) # 51 Observed no current rabies certificates for one dog.
- (S) # 53 Observed no enrollment form for two children.
- (S) # 54 Observed no child health record for two children.
As per provided, forms were requested already at doctor's office.
- (S) # 55 Observed no immunizations record for two children.
- (S) # 56 Observed no emergency permissions for two children.
- (S) # 57 Observed no authorized release for two children.
- (S) # 58 Observed no permission for field trips, transportation and transition from school to home.
- (NS) # 74 Observed no children on peek-a-boo play. No children attended today, family was at graduation of siblings of children.

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: 6/30/22

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