

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carmen Martinez Date: 7/26/22 Time: 2:38pm.

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

e-mail address: miriamc167@hotmail.com License #: 56116 Expiration Date: 3/1/24

Capacity: 6 + 3 # of Children Present: 5 (3 under 18 months) # of Staff Present: 2

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: <u>[Signature]</u>
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Purpose of visit: Partial Visit - follow-up for safe sleep.

Observations/Corrections needed:

No violations observed during this 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: P IA

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