

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yessy Frias - Martinez Date: 8/17/22 Time: 8:49am
Location Address: 189 S Highland St. West Hartford CT 06119 Telephone #: 800-357-7250
e-mail address: yesfriasm@hotmail.com License #: 57004 Expiration Date: 1/31/26
Capacity: Lot 3 # of Children Present: 0 # 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: Yessy Frias

Purpose of visit: Follow up to inspection dated 7/12/22 - Body of water

Observations/Corrections needed:

Provider states she is on vacation 8/15- 8/19.

No children present except provider's own children.

#40 Body of Water - Observed above ground pool to be empty/no water. no water collecting as a pole was placed underneath liner in the middle to prevent any water collection from rain, etc. ✓ compliant.

Ⓢ
CAP Submitted on 7/26/22 is complete.

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: Rebecca Cruelles
(OEC Representative)
Print Name: Rebecca Cruelles
Signature: Yessy Frias
(Person in Charge)
Print Name: Yessy Frias - Martinez