

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Alma Garcia Date: 10/4/22 Time: 10:07am

Location Address: 75 7th St Newington Telephone #: 860 995 7997

e-mail address: almagarcia84@gmail.com License #: 57518 Expiration Date: 7/31/25

Capacity: 410 # of Children Present: 1 # 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 Alma Garcia

Purpose of visit: Partial - follow-up for safe sleep.

Observations/Corrections needed:

74 In compliance at time of visit.

Reviewed Notification of change requirements.

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