

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria & Mirabal Date: 1/5/25 Time: 3:32 p.m

Location Address: 45 Monroe St. East Hartford. Telephone #: 860 967 8956

e-mail address: maria.mirabal67@gmail.com License #: 55326 Expiration Date: 1/31/26

Capacity: 6+3 # of Children Present: 5 # 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 X Maria Mirabal

Purpose of visit: Follow up to visit on 12/20/22 for Capacity

Observations/Corrections needed:

No violations observed during this visit.  
Review of attendance of last four days shows provider in compliance with capacity

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)

Signature: X Maria Mirabal  
(Person in Charge)