

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria Mirabal Date: 3/23/23 Time: 2:37pm

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

e-mail address: maria.mirabal67@gmail.com License #: 55326 Expiration Date: 1/3/26

Capacity: 6+3 # of Children Present: 5 # 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 [Signature]

Purpose of visit: Partial - Follow-up for Capacity

Observations/Corrections needed:

In compliance at the time of 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.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: MIA

Signature: [Signature]
(Person in Charge)