

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Marianella Alayo Date: 6/12/23 Time: 2:30pm

Location Address: 907 Forbes St East Hartford. Telephone #: (860) 913-9156

e-mail address: alayomarianella@gmail.com License #: Pending Expiration Date: Pending

Capacity: 6+3 # of Children Present: 0 # of Staff Present: 1

**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 Alayo

Purpose of visit: Initial Follow-up

Observations/Corrections needed:

- (12) #23 Observed no protruding screws/nails.
- (12) #31 - Observed basement stairs not accessible, lock at top installed, also tension gate at entrance of stairs on 1st level. In compliance.
- (12) #34 Observed Carbon Monoxide - Smoke combo alarm in the basement, working. All working, in compliance.
- (12) #35 Observed combination of smoke and Carbon Monoxide alarm in all three levels, all working. In compliance.
- (12) #36 Observed fire extinguisher installed at 56" of height from floor. In compliance.
- (12) #40 Observed doors of fence that separates the outdoor ^{play-} area from pool at 48 3/4 inches of height from floor. All around, meets the minimum 48 inches. In compliance. Self closing mechanism on both sides now working. In compliance.

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: Carmon E. Wozniak
(OEC Representative)
Print Name: Carmon E Wozniak Henry Boeris
Signature: Alayo
(Person in Charge)
Print Name: Marianella Alayo

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Marianella Alayo License # Pending Date: 6/7/23

Observations/Corrections needed:

- (U) #50 observed first aid kit complete.
- (U) #66 Observed written program schedule.

Discussed ensuring doors to basement and garage are kept locked anytime a child from the program is present, barriers to access of stairs always on when children are present, and maintain a clear plan of supervision on outdoor play area, preventing keeping next to barrier to pool, any objects that can be use to climb on, and/or jump.

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Signature: [Signature]
(OEC Representative)
 Print Name: Ernest & Gloria L. Lopez

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Alayo
(Person in Charge)
 Print Name: Marianella Alayo

OEC BY: N/A