

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carmen Miriam Martinez Date: 6/9/2023 Time: _____
Location Address: 172 George Street Hartford 06114 Telephone #: 860-616-8873
e-mail address: miriamc167@hotmail.com License #: 56116 Expiration Date: 3/31/2024
Capacity: 6+3 # of Children Present: _____ # of Staff Present: _____

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 _____

Purpose of visit: additional violation

Observations/Corrections needed:

19a-87b-10(+)(c) Sleep arrangements for infants (cargos de dormir para infantes)
#13 Per supervisor review the additional violation is
being cited - during OEC inspection visit on 6/2/2023 - Specialists
observed infant sleeping on providers lap during outdoor playtime.
OEC Specialist discussed sleep arrangements with provider.

Según la revisión de la supervisor, se cita la infracción
adicional - por la observación de la inspección durante la visita
de OEC el día 2 de junio 2023 - Especialista observó a un
bebé durmiendo en el regazo del proveedor durante las
actividades al aire libre.
Especialista de OEC reviso sueño seguro en la proveedora.

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: 6/23/2023

Signature: Evelyn Vicente Quiroz
(OEC Representative)
Print Name: Evelyn Vicente Quiroz
Signature: _____
(Person in Charge)
Print Name: _____