

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Juana mena-pera Date: 10/20/23 Time: 9:30 AM

Location Address: 285 Jerome Ave. Bristol CT 06010-3144 Telephone #: 860 938 9082

e-mail address: marisolmena1979@gmail.com License #: 50449 Expiration Date: 4/30/26

Capacity: 10+3 # of Children Present: 2 # 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

Juana Mena Pera

Purpose of visit: Follow-up for safe sleep cited during full inspection on 10-10-23

Observations/Corrections needed:

Observed provider in compliance with safe sleep regulations.

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: Melina Perez
(OEC Representative)

Print Name: Melina Perez Patricia Topolski

Signature: Juana Mena Pera
(Person in Charge)

Print Name: Juana Mena Pera