

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carmen Miriam Martinez Date: 6/16/2023 Time: 9¹⁶ AM
Location Address: 172 George Street Hartford Telephone #: 860-207-8142
e-mail address: miriamc167@hotmail.com License #: 56116 Expiration Date: 3/31/2024
Capacity: 6+3 # of Children Present: 6 # of Staff Present: 2

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: Follow up to inspection on 6/2/2023

Observations/Corrections needed:

- (NS) #21 observed evidence of background for all household members
- (NS) #23 observed all items previously cited in compliance at today's visit
- (NS) #24 observed all items previously cited in compliance at today's visit
- (NS) #28 observed outlet protected
- (NS) #31 observed gate available to protect stairs; per provider children no longer enter through Main part of home; separate entrance to lower level of home where care is provided
- (NS) #32 observed emergency plan available
- (NS) #33 observed emergency evacuation Drills logs current and documented
- (NS) #34 observed working smoke detector on all levels of home
- (NS) #35 observed working smoke detector installed
- (NS) #53 observed completed enrollment form on file previously cited
- (NS) #54 observed current child health record on file that was previously cited
- (NS) #55 observed current immunization records on file that was previously cited

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: 6/30/2023

Signature: [Signature]
(OEC Representative)
Print Name: Evelyn Victoria Guirros Bayo
Signature: [Signature]
(Person in Charge)
Print Name: [Signature]

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carmen Miazam Martinez License # 50114 ENE 6/10/2023 Date: 6/10/2023

Observations/Corrections needed:

- NS #56 observed emergency permission on file that was previously cited
- NS #57 observed authorized release on file that was previously cited
- NS #60 observed all incident logs on file that was previously cited
- NS #67 observed personal articles for each child for nap-time
- NS #69 child no longer enrolled; provider has care plan available for future use
- S #73 observed infant sleeping equipment with a mattress that does not have tightly fitted sheet while napping
- NS #74 observed no stuffed toys in sleeping equipment when infant was napping
- NS #78 observed hand washing procedures in compliance at today's visit
- NS #81 observed supervision in compliance at today's visit.
- NS #100 provider stated child no longer enrolled as of 6/9/2023

Discussions -

Visit conducted in Spanish; provider has household members that are approved staff that are fluent in English and Spanish. One of which was present with children during OEC visit today.

No written translation needed.

NS = not substantiated

S = substantiated

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)
Print Name: Evelyn Montalvo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 6/30/2023

Print Name: CAROL O. PLANT INC2