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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carmen Miriam Martinez Date: 6/30/23 Time: 9:15 AM

Location Address: 172 George Street Hartford 06114 Telephone #: 860-616-8873

e-mail address: miriamc167@hotmail.com License #: 561116 Expiration Date: 3/31/2024

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

Purpose of visit: Follow up visit - Sleep arrangements for infants

Observations/Corrections needed:

#73 At todays follow up visit, it was observed that infant sleeping equipment with a mattress that does not have a tightly fitted sheet.

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: 7/14/2023

Signature: Evelyn Vicente-Quiñones / [signature] (OEC Representative)

Print Name: Evelyn Vicente-Quiñones / Jenny Ferreira

Signature: X [signature] (Person in Charge)

Print Name: X CARMEN MIRIAM MARTINEZ