

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Miriam Contreras Date: 7/31/23 Time: 8:32am

Location Address: 169 Britt Rd, E. Hartford, CT 06118 Telephone #: 8604610039

e-mail address: Contrerasmiriam60@gmail.com License #: 56091 Expiration Date: 12/31/23

Capacity: let 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: Miriam Contreras \*

Purpose of visit: Safe Sleep

Observations/Corrections needed:

(NS)

19a-87b-10 (F)(3)(1)

Did not observe any infants 12 months and under sleeping or laying in bassinet. Did not observe any items, such as pillows, toys or blankets in bassinet.

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: Alexandra Rodzic  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: \_\_\_\_\_

Signature: Miriam Contreras  
(Person in Charge)