Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria H. Jimenez Date: 9/28/23 Time: 11:30 am

Location Address: 419 Burr St, New Haven Telephone #: 203-645-6495

e-mail address: maho2581@hotmail.com License #: 55289 Expiration Date: 1/31/27

Capacity: 6+3 # of Children Present: 6 # of Staff Present: 2

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*** Maria Jimenez

Purpose of visit: 2023-923

Observations/Corrections needed:

(S) 19a-87b-10(b)(2)(A) - Responsibilities of Provider - General Health records, when observed one child enrolled with an expired health record.

(NS) 19a-87b-8a - Comprehensive Background. There is insufficient evidence to support that household members are missing background check.

(NS) 19a-87b-7 - Members of household - There is insufficient evidence to support that the Operator is not compliance.

(NS) 19a-87b-5. Terms of the License. There is insufficient evidence to support the Provider is not in compliance with term of the license.

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: Carlos Abreu
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/10/23

Signature: Maria Jiménez
(Person in Charge)