

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Juana Mena - Pena Date: 9/20/23 Time: 12⁰⁷ pm
Location Address: 285 Jerome Avenue Bristol, CT 06010-3144 Telephone #: 860 938 91082
e-mail address: marisslmena1979@gmail.com License #: 56449 Expiration Date: 4-30-26
Capacity: 16+3 # of Children Present: 4 # 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 Pena

Purpose of visit: partial 2-3 months after follow-up for ~~no~~ safe sleep violation cited during full inspection on 6-16-23

Observations/Corrections needed:
73 Observed tight-fitted sheet on pack n play mattress where infant is napped.

observed provider to be in compliance during today's partial. NO violations observed today

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: YMPerez
(OEC Representative)
Print Name: Melina Perez
Signature: Juana Mena Pena
(Person in Charge)
Print Name: Juana Mena Pena