

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Santa Martinez Polanco Date: 10/10/23 Time: 9:35am

Location Address: 201 Wolcott St. Fir 1, Wthby CT 06705 Telephone #: 2038022786

e-mail address: santamartinez272011@hotmail.com license #: 57812 Expiration Date: 1/31/24

Capacity: 6+3 # of Children Present: 3 # of Staff Present: X 2 ^(AC)

**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: * Santa Martinez pco -

Purpose of visit: Safe Sleep

Observations/Corrections needed:

19a-87b-10

#73) Observed two pack-n-plays with snug fitting cribs
shirts and one infant laying on their back in each pack-n-play

#74) Observed a full bottle in each pack n play while one infant
laid in each pack-n-play. Provider removed bottles^{from pack-n-plays} during inspection.

Discussion → Provider stated that household member will be staying
with provider for more than 30 days. Household member is
waiting on a passport from home country. Household member is waiting
on social security card to arrive in order to complete background
check. Discussed with provider all regulations regarding
household members. Provider will communicate with licensing specialist
status on household member.

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: 10/24/23

Signature: Alexandra Rodriguez
(OEC Representative)

Print Name: Alexandra Rodriguez

Signature: Santa Martinez pco -
(Person in Charge)

Print Name: Santa Martinez Polanco