

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: MARtha A. Jimenez Date: 10/19/23 Time: 11:59 AM

Location Address: 9 French Avenue East Haven CT 06512 Telephone #: 475 209 0959
- 3315

e-mail address: matu jj 09@hotmail.com License #: 57325 Expiration Date: 3.31.24

Capacity: 10+3 # of Children Present: 8 # 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 <u>(Signature)</u>
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Purpose of visit: Follow-up for safe sleep violation cited during full inspection on 10/12/23

Observations/Corrections needed:

#108 Did not observe mattress insert where infant is napped in pack n play during today's follow-up. mattress insert was removed and stored away safely. provider is in compliance during today's visit.

#100 provider is still working on having the written authorization form completed by the enrolled child's parents.

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: (Signature)
(OEC Representative)

Print Name: Melina Perez

Signature: (Signature)
(Person in Charge)

Print Name: Martha Jimenez