

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Erica Medina Date: 10/20/23 Time: 10:05 PM

Location Address: 1997 Broad St. FLC, Hartford Telephone #: 860-830-1600

e-mail address: EIMED@kormail.com License #: 54340 Expiration Date: 2/28/25

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

Erica Medina

Purpose of visit: Follow-up for safe sleep

Observations/Corrections needed:

(NS) #24 Observed cleaning supplies were removed and not accessible to children.

(NS) #33 Observed written evacuation drills log available. Last practice documented as 10/13/23.

(NS) #35 Observed Carbon Monoxide unit in operable condition. Tested during visit.

P #34 Document not available for review. Provider is working with parents on get it done completed.

(NS) #69 Observed doctor's note with clarification about child with allergies.

(NS) #73 Observed Provider is in compliance with safe sleep for infant. Observed Pack 'n Play for infant with a tightly-fitted sheet on.

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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)

Print Name: Jenny Keenan

Signature: [Signature]  
(Person in Charge)

Print Name: Erica Medina