

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: Santa Martinez Polanco Date: 10/23/23 Time: 10²⁰ am

Location Address: 201 Wolcott St. Flr 1, Wtlg CT 06105 Telephone #: 203 802 2736

e-mail address: santamartinez272011@hotmail.com License #: 57312 Expiration Date: 1/31/24

Capacity: 6+3 # of Children Present: 4 # of Staff Present: 2

Consent to Inspect Family Child Care Home	<i>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</i> <u>Santa Martinez pco --</u>
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Purpose of visit: Safe Sleep - Hazards in pack-n-play

Observations/Corrections needed:

No violations at time of inspection.

Provider in compliance with all safe sleep requirements.

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: Alexander J...
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Santa Martinez pco --
(Person in Charge)