

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: Carmen Miriam Martinez Date: 11/1/23 Time: 9AM

Location Address: 172 George Street, Hartford, CT Telephone #: 860-616-8873

e-mail address: Miriamc167@hotmail.com License #: 56116 Expiration Date: 3/31/24

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

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.</i> Provider/Applicant/Substitute's Signature <u>[Signature]</u>
--	---

Purpose of visit: Safe Sleep

Observations/Corrections needed:

Violations Previously Cited are in Compliance
at the time of this visit.

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: [Signature]
Jenny Ferreira (OEC Representative)
Carmen E. Martinez

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

Signature: [Signature]
(Person in Charge)