

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: Iris Polanco Date: 11/28/23 Time: 1:30 pm

Location Address: 193 Capitol Ave, Wtbgy Telephone #: 2035277648

e-mail address: irispolanco711@gmail.com License #: 57130 Expiration Date: 12/31/26

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

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature: Iris Polanco

Purpose of visit: Safe Sleep / Judgment

Observations/Corrections needed:

- #31) Outside stairway missing gate.
- #73) Observed loose fitting crib sheet where infant of 3 months sleeps
- #24) Observed grill uncovered outside accessible to children.

Discussed with provider that when her household member becomes an approved staffed member, the household member may provide direct care to children in care.

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]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/12/23

Signature: Iris Polanco  
(Person in Charge)