

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other MONITOR VISIT #1

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hiroshima M. Mendez Date: 5/11/26 Time: 3:45 pm

Location Address: 63 Hillside Ave, Hartford, 06106 Telephone #: 8608348500

e-mail address: mendezhiroshima_1@gmail.com License #: 57381 Expiration Date: 3/31/30

Capacity: 6+3 # of Children Present: 1 # 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 A. RODRIGUEZ

Purpose of visit: Consent order visit monitoring #1

Observations/Corrections needed:

- (NS) #8) Provider provided a written statement attesting that she is continuing to participate in family therapy.
- (NS) #9) Provider provided a written statement to licensing specialist indicating what her plans are ^(P)with for childcare for her son during school vacation periods of more than two consecutive days.
- (NS) #10a) Provider completed CCEI course "Reducing Stress and Burnout for Caregivers" and showed certificate to licensing specialist with date of 3/16/24.
- (NS) #10b) Provider submitted documentation of training on 3/16/24.

* Discussed with provider importance of ensuring all children enrolled have a complete enrollment form signed by parents/guardians.

DCFS present, provider arrived to childcare at 3:57 pm
92763

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: Alexandra Rodriguez
(OEC Representative)

Print Name: Alexandra Rodriguez

Signature: Hiroshima M. Mendez
(Person in Charge)

Print Name: Hiroshima M. Mendez