

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maric Amado Lastra Date: 10/6/21 Time: 2:53 pm

Location Address: 110 Grandview Terrace Hartford Telephone #: 860 817 4580

e-mail address: greenworldchildcare@icba.com License #: 56808 Expiration Date: 5/31/24

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1+1 (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>
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Purpose of visit: Partial - Capacity

Observations/Corrections needed:

4 Observed two children present with provider.
Substitute arrived during the visit
In compliance with regulations

16 In compliance with regulations.

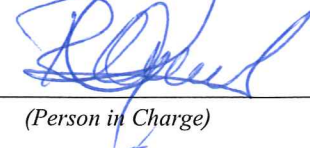
No other violations observed during this visit.

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: 
(OEC Representative)

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

Signature: 
(Person in Charge)