

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: María Amanda - Lastra Date: 12/21/21 Time: 8:45
Location Address: 110 Grandview Terrace, Hartford Telephone #: 860-817-4580
e-mail address: greenworldchildcare@icloud.com License #: 56808 Expiration Date: 5/31/24
Capacity: 63 # of Children Present: 2 # of Staff Present: 2

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: [Signature]

Purpose of visit: Investigation 2021-893

Observations/Corrections needed:

(S) 19a-87b-6 Qualifications of Provider
(e) Judgment - The provider failed to demonstrate the personal qualities appropriate for working and communicating with families when provider released the child without written authorization of parent.

(S) 19a-87b-10(h) Giving Parents Access
(2) provider failed to give parent immediate access to her child

(S) 19a-87b-10(b) Maintaining Records on Children
(d)(3)(A) Provider failed to maintain name, address and telephone of person permitted to remove child from childcare.

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Carlos Albiyu
Signature: [Signature]
(Person in Charge)
Print Name: María B. Amado-Lastra