

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Capitol Child Development Center Date: 12/23/21 Time: 10:30

Location Address: 450 Broad St. Hartford CT Telephone #: 860-240-0330

e-mail address: lplamondon@capitolchild.org License #: 13081 Expiration Date: 3/31/25

Capacity: 16 ^{OK} ~~74~~ ₍₃₂₎ # of Children Present: 16 ⁽¹⁶⁾ # of Staff Present: 6

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

Purpose of visit: Follow up on safe sleep

Observations/Corrections needed:

No violations observed at time of 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dalb

Signature: [Signature]
(Person in Charge)
Print Name: Lisa Plamondon