

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Daphne Davis Date: 4/14/22 Time: 5:45am

Location Address: 25 Putnam Hts Apt 2W, Hartford Telephone #: 305-927-0273

e-mail address: daffadel319@gmail.com License #: 56816 Expiration Date: 6/30/24

Capacity: 4 # of Children Present: 3 # of Staff Present: 1

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: Full unannounced inspection

Observations/Corrections needed:

#93 - Access. Provider failed to allow OEC staff access to inspect the family child care home, upon request, during her customary business hours. Children were present upon arrival at or around 5:45am and she stated she was going to work and/or on her way out the door. Provider left the home at or around 6:17am with children in her vehicle.

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: 4/28/22

Signature: Liz Proietti *on behalf of* Jannie Thornton
(OEC Representative)
Print Name: Liz Proietti for Jannie Thornton
and Eileen Ruiz
Signature: Mailed to provider
(Person in Charge)
Print Name: _____