

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sonja Walcott Date: 6/24/22 Time: 8:06am
Location Address: 193 Jefferson St, Hartford 06106 Telephone #: 860-833-2053
e-mail address: snwalcott40@gmail.com License #: Pending Expiration Date: Pending
Capacity: 613 # of Children Present: 2 ^{Provider's} # 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 _____

Purpose of visit: Follow up to Initial Inspection dated 6/24/22

Observations/Corrections needed:

#30 Observed basement space. Provider secured a key to access the basement area, understands that basement is part of office access for inspections and investigation.

#34 Observed working smoke detector in the basement.

#35 Observed working carbon monoxide detector in the basement.

#50 Observed CPR mouth shield and ① instant cold pack in the first aid kit.

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: Rebecca Gruelle
(OEC Representative)
Print Name: Rebecca Gruelle
Signature: SW
(Person in Charge)
Print Name: Sonja Walcott