

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Affordable Child Care Learning Date: 7/14/22 Time: 4:30

Location Address: 255 Balltown St Hartford Ct Telephone #: 860-519-0549

e-mail address: pennycake943@gmail.com License #: 70419 Expiration Date: 7/31/26

Capacity: 50 (32) # of Children Present: — # of Staff Present: —

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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: Addendum to follow up inspection conducted 7/14/22

Observations/Corrections needed:

Mistake was made when writing the license # on the inspection form

License # 70419 not 70416

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 DeLo

Signature: "Sent through email"  
(Person in Charge)

Print Name: \_\_\_\_\_