

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Our Lady of Fatima Day Care Center Date: 8/17/22 Time: 9:42

Location Address: 20 Madison Ave Hartford CT 06106 Telephone #: 860-233-8037

e-mail address: dflynn2000@yahoo.com License #: 16299 Expiration Date: 10/31/24

Capacity: 50 (8↓) # of Children Present: 29 (6↓) # of Staff Present: 6

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|--|--|
| <b>Consent to Inspect</b><br><b>Family Child Care Home</b> | <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.</i><br>Provider/Applicant/Substitute's Signature _____ |
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Purpose of visit: Follow up to inspection conducted 8/10/22

Observations/Corrections needed:

19a-79-10(c)(2): Ratio: In Compliance at time of inspection

19a-79-4a(c)(1): Supervision: Upon arrival observed 1 child crying next to classroom door in hallway by himself.

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: 8/31/22

Signature: [Signature]  
(OEC Representative)

Print Name: Jhianne Dalo

Signature: [Signature]  
(Person in Charge)

Print Name: Marli Correia