☐ 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: 8/30/22 Time: 9:22

Location Address: 20 Madison Av Hartford Ct 06106 Telephone #: 860-233-8037

e-mail address: ofdaycare2008@yahoo.com License #: 16299 Expiration Date: 10/31/24

Capacity: 50 (↓8) # of Children Present: 24 (4↓) # of Staff Present: 7

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: Supervision follow up

Observations/Corrections needed:

19a-79-4a(c)(4)(D): Supervision → In Compliance 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: _____
(OEC Representative)

Print Name: Johanne Dalo

Signature: _____
(Person in Charge)

Print Name: Evelyn Rodriguez