

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Happy Little Faces Child Care Center Date: 8/24/22 Time: 12:05
Location Address: 75 Zion St. Hartford, CT 06106 Telephone #: 860-890-1414
e-mail address: andrieta_46@hotmail.com License #: Pending Expiration Date: Pending
Capacity: 45 (29/3) # of Children Present: # of Staff Present:

**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

Observations/Corrections needed:

19a-79-3a(d): Policies → In Compliance at time of visit
19a-79-3a(e)(6): Emergency Plan → In Compliance at time of visit
19a-79-3a(e)(9): Ration → In Compliance at time of visit
19a-79-3a(e): Developmental Milestones → In Compliance at time of visit
19a-79-5a(a)(3)(A): Accident Report → In Compliance at time of visit
19a-79-6a(c)(11): First Aid Manual → In Compliance at time of visit.
19a-79-7a(e)(1): Thermometer → In Compliance at time of visit.
19a-79-7a(e)(10): Toxin → In Compliance at time of visit.
19a-79-7a(g)(1): Equipment → In Compliance at time of visit
19a-79-7a(h)(3): Outdoor Hazard → In Compliance at time of visit.
19a-79-10(e)(8): Diaper Changing Procedure → 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: [Signature]
(OEC Representative) Quincy E. Velez
Print Name: Johnnie Sa

Signature: [Signature]
(Person in Charge)
Print Name: Martha Ramirez