

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Douglas Street Early Care & Education Date: 9/12/22 Time: 2:30
Location Address: 170 Douglas Street Hartford CT Telephone #: 959-230-1128
e-mail address: paguada@ctct.org License #: 15111 Expiration Date: 9/30/26
Capacity: 142 # of Children Present: 27 # of Staff Present: 10

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 _____
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Purpose of visit: Follow up on inspection conducted 9/1/22

Observations/Corrections needed:

19a-79-10(b): Enclosurement: In compliance at time of visit. program has the parent/director authorization to enroll child under 3 into preschool Program
19a-79-10(c)(2): Ratio: In compliance at time of visit
19a-79-10(c)(3): Group size: In compliance at time of visit
19a-79-10(h)(2): Plastic Bags: 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)
Print Name: Johanne Dalo
Signature: [Signature]
(Person in Charge)
Print Name: Jacqueline Thomas