

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rise and Shine Nursery and Pre K Academy Date: 11/9/22 Time: 11:10

Location Address: 21 Newfield Av. Hartford, Ct 06106 Telephone #: 860-351-8740

e-mail address: riseandshine@daycarellc.mg License #: 70644 Expiration Date: 4/30/26

Capacity: 37 (21) # of Children Present: 29 (18) # of Staff Present: 7+

Consent to Inspect Family Child Care Home	<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. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Background checks and Head Teacher Attendance.

Observations/Corrections needed:

19a-79-4a: Background Checks: Observed 2 staff without current background checks (staff are working in the classrooms)

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)
Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: End of today

Signature: [Signature]
(Person in Charge)
Gianna Guiso