

2022-597

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Trisha A. Brown Date: 12/8/22 Time: 2:00

Location Address: 36 Cambridge Drive EAST HARTFORD Telephone #: 860-212-7722

e-mail address: Colorfullittlebutterflies@gmail.com License #: 56296 Expiration Date: 1/31/25

Capacity: 6+3 # of Children Present: 6 # of Staff Present: 2

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 <u>[Signature]</u>
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Purpose of visit: Partial 3-month

Observations/Corrections needed:

PIC Trisha Brown - Provider & Sabisha Brown (substitute) (9/856)

(NS) 19a-87b-8 - Qualifications of staff - unapproved staff. - Provider has been utilizing her approved staff (substituted)

(NS) 19a-87b-5(d)(1)(A) - Terms of license - Regular license (copy) - Provider reports operating in appropriate licensing capacity.

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)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: nk

Signature: [Signature]
(Person in Charge)
Trisha Brown