

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Fun Place Education LLC Date: 1/24/23 Time: 2:00

Location Address: 154 Standish St Hartford Ct Telephone #: 860-995-0553  
06114

e-mail address: torresjacqueline16@yahoo.com License #: Pending Expiration Date: —

Capacity: \_\_\_\_\_ # of Children Present: \_\_\_\_\_ # of Staff Present: \_\_\_\_\_

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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.</i> <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Follow up to inspection conducted 1/5/23

Observations/Corrections needed:

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\_\_\_\_\_

All items that were not in compliance  
at the time of inspection are now in compliance

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\_\_\_\_\_

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 Dalila Torres & Valera

Signature: [Signature]  
(Person in Charge)  
Print Name: Jacqueline Torres