

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pequerin Children Multicultural Date: 2/6/23 Time: 12:30p

Location Address: 37 Grace St, Hartford Telephone #: 860-951-0400

e-mail address: pequerin@pequerinhartford.org License #: 16523 Expiration Date: 10/31/24

Capacity: 110 # of Children Present: 63 # 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: Miriam Mercedes

Purpose of visit: Investigation 2023-114

Observations/Corrections needed:

(S) 19a-79-3a(2) - failed to comply by enrolling a child 2 year old - 8 months without the parent's written permission. This happened with two children currently enrolled.

(NS) 19a-79-4a - Staffing - Program is working within staff to children ratio.

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: 2/22/23

Signature: Miriam Mercedes
(Person in Charge)