

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Five and Shine Nursery and Pre K Academy Date: 3/2/23 Time: 12:53
Location Address: 21 Newfield Av. Hartford Ct 06106 Telephone #: 860-357-~~7064~~⁸⁷⁴⁰
e-mail address: fiveandshine@daycarellc.org License #: 70644 Expiration Date: 4/30/26
Capacity: 37 (21) # of Children Present: 20 (14) # of Staff Present: 7

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to inspection conducted 1/18/23

Observations/Corrections needed:

19a-79-10(c)(3) Group size In compliance at time of visit

19a-79-10(a)(3) Safe Sleep: 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 Dabo
Signature: [Signature]
(Person in Charge)
Print Name: Giaranna Jense