

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Our Lady of Fatima Day Care Center Date: 3-20-23 Time: 9:07

Location Address: 20 Madison Ave Hartford Ct 06106 Telephone #: 860-233-8037

e-mail address: ofdaycare2000@yahoo.com License #: 16299 Expiration Date: 10/31/24

Capacity: 50 (81) # of Children Present: 31 (61) # 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.</i> _____ <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Partial Inspection for Supervision

Observations/Corrections needed:

pa-79-4a(k)(4)(D) Supervision: 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 Dalo

Signature: [Signature]
(Person in Charge)
Print Name: Susan Rosa