

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Angels Workshop Date: 5/8/23 Time: 11:45

Location Address: 111 New Britain Av Hartford Telephone #: 860-436-0486

e-mail address: littleangelsworkshop@gmail.com License #: 70609 Expiration Date: 4/30/25

Capacity: 168 # of Children Present: 12 # of Staff Present: 3

**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 \_\_\_\_\_

Purpose of visit: Follow up for ratio and supervision

Observations/Corrections needed:

19a-79-4a(c)(D) Supervision: In compliance at time of visit

19a-79-10(c)(2) Ratio: In compliance at time of visit

19a-79-10(c)(3) Group Size: Observed 12 children on playground (mix age pre schoolers and under three)

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: 5/22/23

Signature: [Signature]  
(OEC Representative)

Print Name: Johanne Dalo

Signature: [Signature]  
(Person in Charge)

Print Name: Jonessa Biko Wallace

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