

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Angels Workshop Date: 5/23/23 Time: 11:45
Location Address: 711 New Britain Av. Hartford Telephone #: 860-436-0486
e-mail address: littleangelsworkshop@gmail.com License #: 70609 Expiration Date: 4/30/25
Capacity: 16 (8) # of Children Present: 11 # of Staff Present: 4

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: Follow up on group size outside

Observations/Corrections needed:

19a-79-10(c)(3): Group Size: 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: Shane Sato & Kellerman
Signature: [Signature]
(Person in Charge)
Print Name: Janisse Blake-Walker