

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Women's League Child Development Date: 6/18/23 Time: 9:40
ctv

Location Address: 1695 main st, Hartford Telephone #: (860) 524-5969

e-mail address: k1ott@womensleaguecdc.org License #: 14248 Expiration Date: 5/31/25

Capacity: 210/88 # of Children Present: 114 (61) # of Staff Present: 37+

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> Provider/Applicant/Substitute's Signature
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Purpose of visit: complaint investigation case 2023-480

Observations/Corrections needed:

(P) 19a-79-3a (b)(8)(A) - Administration - Managing child Behavior

(P) 19a-79-5a (a)(3)(A) - Record Keeping - Injury Report

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: NIA

Signature: Erin Waight

(OEC Representative)
Print Name: Erin Waight

Signature: Karen Lott

(Person in Charge)
Print Name: Karen Lott