

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: MAIDA HADZIC Date: 6.13.23 Time: 3:35 PM

Location Address: 416 NOTT ST. WETHERSFIELD Telephone #: 860 593 8609

e-mail address: karnandplayll@hotmail.com License #: 57305 Expiration Date: 1.31.24

Capacity: 6+3 # of Children Present: 4 # of Staff Present: 2

**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: Maida Hadzic

Purpose of visit: FOLLOW UP TO SAFE SLEEP VIOLATION CITED DURING FULL INSPECTION ON 6.6.23.

Observations/Corrections needed:

(68) Observed mattress inserts still located in pack & plays where infants are napped. Sheet was not on pack & play mattress - required.

Discussed: inserts should be kept in another location other than infant pack & plays even for storage.

Inserts should be removed immediately as a correction.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6/20/23

Signature: Patricia Gauski Melina Perez
(Person in Charge)

Maida Hadzic