

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: MAIDA HADZIC Date: 6/21/23 Time: 9:30 AM

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

e-mail address: kernandplayllc@hotmail.com License #: 57305 Expiration Date: 1-31-24

Capacity: 6+3 # of Children Present: 7 # of Staff Present: 1

**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 FOLLOW UP INSPECTION CONDUCTED ON 6-13-23

Observations/Corrections needed:

Observed Compliance with Safe Sleep Violation during this Follow-up.

(4) Observed Substitute over Capacity with 7 children without other staff present.

Provider arrived approximately 15 minutes later stating that she had to run out/down the street. 2nd Approved Staff arrived as well

Discussed with provider that she can not franchise her business and that staff can not be left over capacity. Left Capacity information with provider

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: 6/28/23

Signature: Patricia Tyburchi
(OEC Representative) Melina Perez

Signature: Maida Hadzic
(Person in Charge)