

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: MAIDA HADZIC Date: 6.27.23 Time: 10:48 AM

Location Address: 416 NOTT ST. WETHERSFIELD 06109-1626 Telephone #: 860 593 8609

e-mail address: learnandplay11@hotmail.com License #: 57305 Expiration Date: 1.31.24

Capacity: 6+3 # of Children Present: 8 # of Staff Present: 2

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 <u>Maida Hadzic</u>
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Purpose of visit: FOLLOW-UP FOR CAPACITY VIOLATION CITED DURING FOLLOW-UP CONDUCTED ON 6.21.23

Observations/Corrections needed:

Compliance observed during follow-up with Capacity.

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: DIA

Signature: [Signature]
(OEC Representative)
Patricia J. Gubinski Melina Perez

Signature: [Signature]
(Person in Charge)