

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Fun Place Education LLC Date: 8/21/23 Time: 11:45am
Location Address: 154 Standish St Hartford Ct Telephone #: 860-995-0553
e-mail address: tommysjacqueline1614@gmail.com ⁰⁶¹¹⁴ license #: 80027 Expiration Date: 1/31/27
Capacity: 12 # of Children Present: 2 # of Staff Present: 3

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 _____

Purpose of visit: _____

Observations/Corrections needed:

19a-79-10(c)(1): Safe Sleep -> In compliance at time of visit.

19a-79-4a(c)(1): Head Teacher on Site 60% -> In compliance at time of visit.

19a-79-10(c)(2): Ratio: 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: Johanne Dalo
Signature: [Signature]
(Person in Charge)
Print Name: Ylmae Cabra