

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: MAIDA HADZIC Date: 9.7.23 Time: 2 PM  
Location Address: 416 Nott St., WETHERSFIELD 06097 Telephone #: 860 593 8609  
e-mail address: learnandplay16@hotmail.com License #: 57305 Expiration Date: 1.31.24  
Capacity: 6+3 # of Children Present: 8 # of Staff Present: 2

<b>Consent to Inspect Family Child Care Home</b>	<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 Violations Cited at Partial on 8-24-23 for Capacity and Supervision

Observations/Corrections needed:  
Observed Compliance with Supervision and Capacity during this follow up.

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: MA

Signature: [Signature]  
(OEC Representative)  
Print Name: Janice Jankowski  
Signature: [Signature]  
(Person in Charge)  
Print Name: Maida Hadzic