

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Our Childrens Center Date: 8-15-23 Time: 12:15

Location Address: 90 N Main St, West Hartford Telephone #: 860-561-0569

e-mail address: our-childrens-center@yqhd.com License #: 13007 Expiration Date: 12-31-25

Capacity: 51 # of Children Present: 13 # of Staff Present: 39

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
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Purpose of visit: case # 2023-737

Observations/Corrections needed:

P- 19a. 79. 3a (b)(8)(A) - managing child behavior
P- 19a. 79. 3a (b)(8)(E) - reporting
P- 19c. 79- 4a 5a (a)(3)(A) - accident report

All regulations pending investigations

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: Kevin Eddy

Signature: [Signature]
(Person in Charge)

Print Name: Jessica Jones