

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Esther Vicenty Date: 9/13/23 Time: 4:06pm  
Location Address: 240 Granby St. Hartford Telephone #: 860 502 2439  
e-mail address: aregnyfdcare@attbock.com License #: Pending Expiration Date: Pending  
Capacity: 6+0 # of Children Present: 0 # of Staff Present: 1

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Initial Inspection Follow-up.

Observations/Corrections needed:

- (NS) # 23 Observed aquarium no longer on child care area accessible to children. It was moved to room behind kitchen
- (NS) # 24 Observed shed has been removed, <sup>per provider</sup> as indicated to provider by local Department of Health (Hartford)
- (NS) # 39 Observed fence with gate right next to house door, allowing direct entrance to transit area outdoor play area from the children. Fence was extended.
- (NS) # 23 (cont.) Observed gutter extender out of way, not accessible to <sup>to</sup> children, not on the way to outdoor play area.
- (NS) # 63 Observed toys for outdoor activities

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: N/A

Signature: Carmen Elise Valenzuela  
(OEC Representative)  
Print Name: Carmen E Valenzuela  
Signature: Esther Vicenty  
(Person in Charge)  
Print Name: Esther Vicenty