

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Arlene Hanlan Date: 10/11/23 Time: 10:55
Location Address: 96 Rockdale Rd., W. Haven Telephone #: 203-440-5706
e-mail address: arlenekayce@aol.com License #: 56024 Expiration Date: 8/31/27
Capacity: 6+3 # of Children Present: 5 # 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: Follow up to 9/20/23 full. Hanlan

Observations/Corrections needed:
Check CAP items including supervision/meal prep.
13 - Copy of current medical statement
3/3/23 - Need statement.
let - schedule - observed, posted.
71 - Bottle feedings - discussed.
observed baby in crib with bottle.
81 - Supervision - daughter brings food.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Judie Moylan
(OEC Representative)
Linda Moylan

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/1/23

Signature: Hanlan
(Person in Charge)
Arlene Hanlan