

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

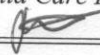
### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jodiann Brown Date: 10-21-23 Time: 10:30

Location Address: 43 Elmer St, East Hartford Telephone #: 860-833-5857

e-mail address: jodicannbrown31@gmail.com License #: 57447 Expiration Date: \_\_\_\_\_

Capacity: 6 # of Children Present: 3 # of Staff Present: 1

<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 
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Purpose of visit: Case # 2023-1173


Observations/Corrections needed:

S - 19a-87b-9(d)(4)(A) - the provider admitted to  
not remaining with the children at  
all times when the children are  
being cared for in space below grant

**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: 1-4-24

Signature:   
(OEC Representative)

Print Name: Kenn Eddy

Signature:   
(Person in Charge)

Print Name: Jodiann Brown