

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Capitol Child Development Center Date: 1/9/25 Time: 9:53am

Location Address: 450 Broad St. Hartford Telephone #: 860-240-0330

e-mail address: lgumley@capitolchild.org License #: 13081 Expiration Date: 3/31/25

Capacity: 75/37 # of Children Present: 32/23 # of Staff Present: 15

**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 inspection conducted 12/18/24  
Safe Sleep.

Observations/Corrections needed:

19a-79-10 (g)(1): In compliance at time of  
visit.

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: Johanne Dato  
Signature: [Signature]  
(Person in Charge)  
Print Name: Latrice Grumley