

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Knight Hall School + child care Date: 2/4/25 Time: 1:30pm

Location Address: 411 Park Rd West Hartford Telephone #: _____

e-mail address: _____ License #: 13131 Expiration Date: 11/30/25

Capacity: 58/24 # of Children Present: 38/13 # of Staff Present: 10

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: followup from full inspection for outdoor space

Observations/Corrections needed:

#111(h)(3) - observed toddler slide cracked on top + bottom.

- All other playgrounds in compliance and observed no violations.

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: 2/18/25

Signature: [Signature]
(OEC Representative)

Print Name: Falkeman

Signature: [Signature]
(Person in Charge)

Print Name: Martha Wylie