

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Rise and Shine Nursery & Pre K Academy Date: 3/19/25 Time: 1:00 pm

Location Address: 21 Newfield Av. Hartford Ct Telephone #: 860-357-8740

e-mail address: riseandshine@daycarellc.org License #: 06106 70644 Expiration Date: 4/30/26

Capacity: 39/23 # of Children Present: 35/22 # 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: Follow up for safe sleep

Observations/Corrections needed:

19a-79-10 (g)(3) is 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 Dalo

Signature: [Signature]  
(Person in Charge)  
Print Name: Gianna Ruiz 3-19-2025