

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ravenin Children Multicultural Date: 4/16/25 Time: 11:57 am
Location Address: 37 Grace Street Hartford Ct Telephone #: 860-951-0400
e-mail address: praveen@praveenhanford.com License #: 16523 Expiration Date: 10/31/28
Capacity: 110/32 # of Children Present: 38/7 # of Staff Present: 9

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 3/20/25

Observations/Corrections needed:

#21(b): In compliance at time of visit
#27(d)(6): 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 Dabo
Signature: [Signature]
(Person in Charge)
Print Name: Miriam Mercado