

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Capital Child Development Center Date: 6/9/25 Time: 2:20 PM  
Location Address: 450 Broad Street Hartford Telephone #: 860-240-8713  
e-mail address: lgrumley@capitalchild.org License #: 13081 Expiration Date: 3/2/29  
Capacity: 75/37 # of Children Present: 41 # of Staff Present: 12

**Consent to Inspect**  
**Family Child Care Home**  
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.  
Provider/Applicant/Substitute's Signature

Purpose of visit: case 2025-592

Observations/Corrections needed:

19a-79-7a(e)(2) Physical Plant - Air Temperature  
NS Regulation in compliance when OEC representative observed room temperature to exceed 80°F and staff are increasing fluids during today's visit.

19a-79-7a(d)(9) Physical Plant - Electrical Safety  
S Regulation in compliance when OEC representative observed electrical ends accessible to children throughout program.

Discussions

- Continue to increase fluid intake for children
- All will communicate with program management throughout process of repairs of ventilation and program will notify OEC if any changes occur i.e. closure of program etc.

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: ASAP

Signature: Evelyn Vicente-Quinones  
(OEC Representative)  
Print Name: Evelyn Vicente-Quinones  
Signature: L Grumley  
(Person in Charge)  
Print Name: Latrice Grumley