

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: HYLAND EARLY LEARNING CENTER Date: 8.13.25 Time: 12:15 pm

Location Address: 355 NEW BRITAIN AVE FL 1, HARTFORD Telephone #: 860 757 0701

e-mail address: jennifer.baglino@hartford.gov License #: 62138 Expiration Date: 9/30/26

Capacity: 65 # of Children Present: 27 # of Staff Present: 6

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: [Signature]

Purpose of visit: INVESTIGATION CASE # 2025-873

Observations/Corrections needed:

NS 19a-79-3a(b)(1) Provide and maintain a safely equipped facility - observed safe & maintained equipment

NS 19a-79-4a(d) Adequate Staffing (d)(4)(A) Ratio indoors & outside (d)(5) group size - observed attendance, staffing and group size for the day of accident all in compliance

NS 19a-79-5a(c) First Aid Kit Accessible Outdoors - Observed Compliance

NS 19a-79-7a(h)(2) Shock absorbing surface - observed Rubber surface

NS 19a-79-7a(g)(5) Manufacturing Guidelines followed, furniture/equipment - observed equipment age appropriate

S 19a-79-5a(a)(3)(c)(i-ii) Notify DEC of serious injuries, fatality - observed accident occurred on 8.4.25, staff was notified on 8.5.25 of diagnosed fracture, DEC was not notified until 8.7.25. The operator did not notify the office no later than the next business day following fracture diagnosed & reported by parent.

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: 8.27.25

Signature: [Signature]
(OEC Representative)
Print Name: PATRICIA FEBURSKI
Signature: [Signature]
(Person in Charge)
Print Name: Naia Lopez