


**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

## CHILD CARE CENTER/GROUP CHILD CARE HOME INVESTIGATION

<b>Program Name</b>	LITTLE ANGELS WORKSHOP				<b>License Number</b>	DCCC.70609		<b>Date of Inspection</b>	12/17/2025	
					<b>Expiration Date</b>	4/30/2029		<b>Time of Inspection</b>	12:39 PM	
<b>Address</b>	711 NEW BRITAIN AVE HARTFORD CT 06106-4040				<b>Telephone</b>	(860) 436-0486		<b>Licensed Capacity</b>	28	
					<b>Hours of Operation</b>	7:30 AM – 5:00 PM		<b>Under Three Capacity</b>	16	
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<input checked="" type="checkbox"/>	<b>Days of Operation</b>	Mon-Fri		<b>Ages Served</b>	6 weeks – 5 years	
<b>New Address</b>					<b>Night Hours</b>	No	<b>Summer Hours</b>	Open	<b>Weekend Hours</b>	No
					<b>Program's Email</b>	littleangelsworkshop@gmail.com				
<b>Operator</b>	JENESSA BLAKE-WALLACE				<b>Director</b>	JENESSA BLAKE-WALLACE				
<b>Endorsements</b>	Pre-School, Under Three				<b>Name of Inspector</b>	Evelyn Vicente-Quinones				
<b>Numbers of Staff/Children Present</b>	<b># Children Present under age 3</b>	12	<b># Total Children Present</b>	19	<b># of Staff Present</b>	5	<b>Purpose of Visit</b>	Investigation		

### SUBSTANTIATED VIOLATIONS

<b>Statute and/or Regulation and Description:</b>	[19a-79-3a(a)]	002-Ensuring the safety & health of children
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19a-79-3a(a) Program not in compliance with ensuring the safety, health and development of the children when program did not notify all families of a communicable disease outbreak until after 3 days of outbreak and multiple confirmed cases. 19a-79-3a(b)(2) Program not in compliance with meeting the needs of children when staff fed a child a food item with an ingredient that child is allergic to and staff reported she was not aware of his allergies. 19a-79-3a(m) Program not in compliance with the motor vehicle (see discussions).

<b>Statute and/or Regulation and Description:</b>	[19a-79-3a(d)(2)-(7)]	011-Policies- complete, implemented
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Program not in compliance with ensuring the implementation of policies when program did not provide two week notice when terminating family from care. Program not in compliance with having transportation policies when transporting children to and from field trips.

<b>Statute and/or Regulation and Description:</b>	[19a-79-5a(a)(2)(E)]	040- Individual Care Plan- signed by parents/staff
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Program not in compliance with not following individual care plans for child with allergy to a food ingredient that was fed to him.

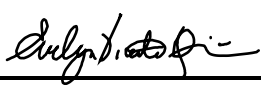
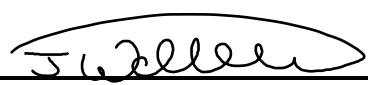
<b>Statute and/or Regulation and Description:</b>	[19a-79-5a(a)(3)(A)] <b>041- Injury, Illness, Incident, Accident reports</b>
<p>Program not in compliance with not completing accident reports for children when program was in a motor vehicle accident during a field trip and parents did not receive accident reports.</p>	
<b>Statute and/or Regulation and Description:</b>	
<b>Statute and/or Regulation and Description:</b>	
<b>Statute and/or Regulation and Description:</b>	
<b>Statute and/or Regulation and Description:</b>	
<b>NOT SUBSTANTIATED or PENDING</b>	
<b>Statute and/or Regulation and Description:</b>	[19a-79-5a(a)(3)(D)] <b>044- Notify DPH/Local Health- reportable diseases</b> Not Substantiated
<p>Program in compliance of regulation at time of visit.</p>	
<b>Statute and/or Regulation and Description:</b>	


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**DISCUSSIONS/COMMENTS**

Continued: 19a-79-3a(m) Program not in compliance with motor vehicle laws when program was in a motor vehicle accident and did not contact first responders to assess situation nor child's health and well being.

Were Violations cited during this visit? Y or N?	<b>Yes</b>	<b>NOTE:</b> * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	<b>Evelyn Vicente-Quinones</b>	<b>Jenessa Blake-Wallace</b>	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

	Written Corrective Action Plan due by: <b>12/31/2025</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>evelyn.vicente-quinones@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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