

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Angels Child care + Learning CTR Date: 7/12/21 Time: 11:20

Location Address: 353 Scott Swamp Rd, Farmington Telephone #: (860) 677-6848

e-mail address: littleangels353@yahoo.com License #: 14507 Expiration Date: 9/30/21

Capacity: 83/47 # of Children Present: 43 # of Staff Present: 11

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>nlg</u>
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Purpose of visit: follow-up to 6/11/21 inspection

Observations/Corrections needed:

19a-79-10(g)(1) - alternate sleep position - OK✓ in compliance at this visit

19a-79-10(g)(3) - crib hazards - OK✓ in compliance at this visit

19a-79-4a(c)(4)(D) - supervision - OK✓ in compliance. Extra staff member present to open door

Discussed: ensure infants are strapped in to high chairs

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: nlg

Signature: Erin Wraight

(OEC Representative)
Print Name: Erin Wraight

Signature: Chris Kosik

(Person in Charge)
Print Name: Chris Kosik