

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: 11/1/21 Time: 1:50

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

e-mail address: litluangels353@yahoo.com License #: 14507 Expiration Date: 9/30/25

Capacity: 83/47 # of Children Present: 54 # 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 <u>n/a</u>
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Purpose of visit: partial inspection

Observations/Corrections needed:

19a-79-10(g)(1) - alternate sleep position - ok - infant observed asleep in swing at arrival and moved immediately. Director states she just feel asleep.

19a-79-10(g)(3) - crib hazards - ok

19a-79-4a(c)(4)(D) - supervision - OK at this 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: n/a

Signature: Erin Waight
(OEC Representative)

Print Name: ERIN WAIGHT

Signature: Cheryl Koske
(Person in Charge)

Print Name: Cheryl Koske