☐ 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: 11/4/21 Time: 2:00

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

e-mail address: littleangels353@yahoo.com License #: 14507 Expiration Date: 9/30/25

Capacity: 83/47 # of Children Present: 51 # of Staff Present: 11

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*** n/a

Purpose of visit: Follow-up to 11/1/21 re: safe sleep

Observations/Corrections needed:

No safe sleep violations observed 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 Wright
(OEC Representative)

Print Name: Erin Wright

Signature: Cheryl Gordon
(Person in Charge)

Print Name: Cheryl Gordon