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

SUPPLEMENTAL REPORT OF INSPECTION

Program/Provider: Watertown Little People Date: 11/10/21 Time: 1:15

Location Address: 680 Main St Watertown Telephone #: 860 274-6288

e-mail address: ragriffin1@optimum.net License #: 10062 Expiration Date: 7/31/24

Capacity: 112 # of Children Present: 31 # 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*** _____

Purpose of visit: Follow Up to 11/1/21 Inspection (Safe Sleep)

Observations/Corrections needed:

- Safe Sleep regulations in compliance

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: 11/24/21

Signature: Jaime Fortin
(OEC Representative)
Print Name: Jaime Fortin

Signature: Carmela Pandiscia
(Person in Charge)
Print Name: Carmela Pandiscia