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

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: LittlePeople Date: 11/22/21 Time: 12:10

Location Address: 680 Main St Ste 1B Telephone #: 860 274-6288

e-mail address: ragriffinleoptimum.net License #: 70062 Expiration Date: 7/31/20

Capacity: 110 # of Children Present: 28 # of Staff Present: 7

| | |
|---|---|
| ***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

Observations/Corrections needed:

No violations at 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: Jaime Fortin (OEC Representative)

Print Name: Jaime Fortin

Signature: Carmela Pandiscia (Person in Charge)

Print Name: Carmela Pandiscia