

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Little Journey Date: 12/2/21 Time: 10:10 am

Location Address: 1790 Ellington Rd S. Windsor Telephone #: 800 899 9453

e-mail address: alittlejourneydaycare@gmail.com License #: 70406 Expiration Date: 4/30/22

Capacity: 42/22 # of Children Present: 29 # of Staff Present: 8

**Consent to Inspect**      I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home**      child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature: N/A

Purpose of visit: Partial Inspection Case 2021-503

Observations/Corrections needed:

NS 9a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through conducted.

No violations 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.

Signature: [Signature]  
(OEC Representative)

Print Name: Laura Hill

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature]

Print Name: Halah Joseph  
(Person in Charge)