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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Our Little Folks Corner Date: 3/15/22 Time: 900

Location Address: 129 Stratton Brook Rd, Simsbury Telephone #: (860) 658-2033

e-mail address: littlefolkscornerllc@gmail.com License #: 70241 Expiration Date: 7/31/23

Capacity: 55/35 # of Children Present: 50 (26 U3) # 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: playground Follow up

Observations/Corrections needed:

No corrections due at this time.

Discussed: redistribute mulch under fall zones

move small see saws off grass onto impact material

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 Wraight
(OEC Representative)

Print Name: Erin Wraight

Signature: Diane Button
(Person in Charge)

Print Name: DIANE Button