

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: 6/9/22 Time: 11:40

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: 80/47 # of Children Present: 64 (36) # of Staff Present: 15

**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: Ratio and safe sleep Followup

Observations/Corrections needed:

Ratios in compliance at this visit. NO safe sleep violations at this time.

Discussed: remove barriers between cribs for adequate supervision

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

Print Name: Erin Wraight  
(OEC Representative)

Signature: Cheryl Posiba

Print Name: Cheryl Posiba  
(Person in Charge)