

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Nursery School Date: 6/29/22 Time: 11:00

Location Address: 685 Old Post Rd., Tolland Telephone #: 860-871-2241

e-mail address: eds00@cox.net License #: 14136 Expiration Date: 11/30/24

Capacity: 57 # of Children Present: 21 # of Staff Present: 4

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 _____
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Purpose of visit: Follow up to 5/18/22 full.

Observations/Corrections needed:

Check CAP items including ratios.

Observed all items compliant at the time. Ratios met, no violations observed.

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: 7/13/22

Signature: Linda Maylan
(OEC Representative)

Print Name: Linda Maylan

Signature: Susan Satriewicz
(Person in Charge)

Print Name: Susan Satriewicz