

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: 8/2/22 Time: 12:25

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: 83/47 # of Children Present: 55 (25/03) # of Staff Present: 14

**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 NIA

Purpose of visit: Follow-up to 5/31/22 inspection

Observations/Corrections needed:

- 2. Employee orientation: OK ✓
- 4. Behavior management discussion: OK ✓
- 21. Ratio: In compliance ✓
- 26. consultant contracts: social service and dental consultant contracts not current
- 27. consultant Logs: Education, social service, dental Logs not current (annual policy review).
- 37. child physicals: OK ✓
- 67. water temperature: OK ✓
- 102. medication authorization: OK ✓ child no longer here
- 107. Approved petition: Petition on file ✓
- 110. Ratio (under-3): In compliance ✓
- 128. safe sleep: In compliance ✓
- 134. Nurse consultant visits: OK ✓

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: 8/16/2022

Signature: Erin Wraight
(OEC Representative) Erin Wraight
Signature: Kevin A. Miskalowski
(Person in Charge)