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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: L+K Nursery School Date: 8/26/22 Time: 8:00

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

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

Capacity: 57 # of Children Present: 7 # of Staff Present: 2

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: Partial to 5/18/22 full.

Observations/Corrections needed:

Observed all ratios met during drop off.

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: Linda Maylan
(OEC Representative)

Print Name: Linda Maylan

Signature: Julie Bartlett
(Person in Charge)

Print Name: Julie Bartlett