

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Blessings Christian Childcare Ctr Date: 9/6/22 Time: 2:55

Location Address: 503 Old Toll Rd, Madison Telephone #: (203)421-2878

e-mail address: director@littleblessingsmadison.com License #: 70581 Expiration Date: 10/31/24

Capacity: 37/24 # of Children Present: 25 # of Staff Present: 10

**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: Safe sleep follow up to 8/29/22

Observations/Corrections needed:

No safe sleep violations at this time.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Erin Wraight
(OEC Representative) Erin Wraight

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NIA

Signature: Robert Coste
(Person in Charge)