

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ryan's Little Cubs Learning Center Date: 10.28.22 Time: 10:5pm

Location Address: 23 Half Mile Road NORWALK Telephone #: 203 9525680

e-mail address: ryanslittlecubs@gmail.com License #: Pending Expiration Date: N/A

Capacity: 34/14 # of Children Present: 0 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Follow up to 9.23.22 initial inspection

Observations/Corrections needed:

All items checked "✓" are compliant today.

26. Dental Contract - ✓

40. Meals and Snacks - ✓

44. First Aid Kits - ✓

45. ✓ hazards removed

65. Ventilation - ✓

66. Thermometers affixed - ✓

67. Water Temperature - ✓

69. Stained ceiling tiles - ✓

70. Rugs secured - ✓

80. Co detector - ✓

89. playground hazards - ✓

93. outdoor fence - ✓

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: [Signature]
(OEC Representative)
Print Name: LON MORGANO

Signature: [Signature]
(Person in Charge)
Print Name: TAMIKA FLETCHER