

Initial  Unannounced Full Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Angels Child care + Learning center Date: 11/17/22 Time: 11:45

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: 44 (25/13) # 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 N/A

Purpose of visit: Ratio and safe sleep partial

Observations/Corrections needed:

19a-79-4a(c)(4)(A) - Ratio - In compliance at this time.

19a-79-10(c)(2) - Under three Ratio - observed infant room at 1:5 ratio upon arrival

19a-79-10(g) - Infant safe sleep - In compliance 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: 12/1/2022

Signature: Leni A. Michalowski  
(Person in Charge) Leni A. Michalowski