

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Spark Little Learners Date: 12/16/22 Time: 12:45
Location Address: 202 Water St Naugatuck Telephone #: (203) 892-2797
e-mail address: SUSIEG63@sbglobal.net License #: 70311 Expiration Date: 8/31/24
Capacity: 43 # of Children Present: 26 # of Staff Present: 8

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 visit - safe sleep

Observations/Corrections needed:

program in compliance for Infants sleeping
in cribs, infants not observed sleeping in devices

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: Jaime Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: B. Sante
(Person in Charge)