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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Old Lyme Children's Learning Center Date: 12/9/22 Time: 12:08 pm

Location Address: 57 Lyme St Telephone #: 860-303-6641

e-mail address: office.olclc@gmail.com License #: 12854 Expiration Date: 10/31/25

Capacity: 36 # of Children Present: 27 # of Staff Present: 7

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: follow up to 11/10/22 inspection

Observations/Corrections needed:

#128 - safe sleep in compliance at this visit

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: FL Montanye
(OEC Representative)
Print Name: FL Montanye

Signature: Melissa DeLorenzo
(Person in Charge)
Print Name: Melissa DeLorenzo