

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Spark Little Learners Date: 3/7/23 Time: 9:40

Location Address: 202 Water St. Naugatuck Telephone #: (203) 892-2797

e-mail address: Susieg63esbcglobal.net License #: 70311 Expiration Date: 8/31/24

Capacity: 43 # of Children Present: 31 # 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.</i> <i>Provider/Applicant/Substitute's Signature</i> _____
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Purpose of visit: Partial Inspection

Observations/Corrections needed:

112- physical barrier - in compliance.

129- Safe sleep - in compliance

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: 3/21/23

Signature: Jayne Fortin

Print Name: Jayne Fortin
(DEC Representative)

Signature: Susan Gallagher

Print Name: Susan Gallagher
(Person in Charge)