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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Bear's Adventure Center Date: 7-21-23 Time: 8:25am

Location Address: 1255 Portland-Colbalt Rd Telephone #: 860-342-2273

e-mail address: _____ License #: Pending Expiration Date: Pending

Capacity: 53 # of Children Present: 28 # 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*** NA

Purpose of visit: Initial Follow-Up

Observations/Corrections needed:

#9 - ~~Rusty doors observed~~ DW In compliance 7-13-23

#45 - Rusty doors observed

#65 - Vent in bathroom (preschool) dirty

#70 - Blue rug in Pre-K - not secured

#74 - Low candle feet in all rooms

#76 - In compliance

#80 - No CO detector in lower preschool or upstairs.

#88 - Less than 8 inches shock absorbing material under slide/climber

#89 - No standing water - In compliance

#95 - In compliance

#116 - In compliance

#119 - In compliance

#123 - In compliance

#130 - Not in compliance.
Toddler room setup as classroom

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: Prior to licensing

Signature: D. Wassenhove
(OEC Representative)
Print Name: Dianna Wassenhove

Signature: _____
(Person in Charge)
Print Name: Heather Hindle