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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: North Stonington's Early Learners Date: 11/22/23 Time: 9:30 A

Location Address: 298 Norwich Westerly Road Telephone #: 401-207-7122

e-mail address: Samantha.nselegmail.com N. Stonington License #: 70708 Expiration Date: 6-30-27

Capacity: 64/24 # of Children Present: 16 # of Staff Present: 6

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*** _____

Purpose of visit: follow up to 11-8-23 inspection

Observations/Corrections needed:

(NS) 129. No safe sleep violations observed at today's 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: _____
(OEC Representative)
Print Name: Carolynne DeLoreto

Signature: _____
(Person in Charge)
Print Name: Samantha Horrigan