☐ 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: 10/30/24 Time: 11:20 AM

Location Address: 57 Lyme St. Old Lyme, CT. 06371-2359 Telephone #: 434-1728

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

Capacity: 33(33 03) # of Children Present: 27(27 03) # of Staff Present: 10

| | |
|---|---|
| ***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 full inspection on 10/9/24

Observations/Corrections needed:

#18b- observed 3 staff without current background checks

#88- observed less than 3in of shock material under double green slide on playground

~~#99- observed 5 diaper cream~~ BM

~~#102~~ BM

**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: 11/13/2024

Signature: _____ *(OEC Representative)*

Print Name: Robert L Hearn

Signature: Dana Gatchek *(Person in Charge)*

Print Name: Dana Gatchek