

☐ 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: 1:20 AM

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

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

Capacity: 38(3703) # of Children Present: 27(2703) # 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 _____
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Purpose of visit: Follow up to full inspection on 10/9/24

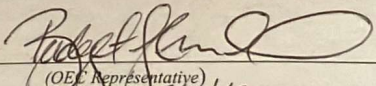
Observations/Corrections needed:

- #12b- observed 3 staff without current background checks
- #38- observed less than 3in of shock material under double green slide on playground
- #99- observed 5 diaper cream Bm
- #102 Bm

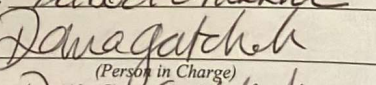
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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: 

Print Name: MARGARET C. HARRIN

Signature: 

Print Name: Dana Gatchek