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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Bears Adventure Center Date: 11/12/24 Time: 1:40

Location Address: 1255 Cobalt Rd, Portland Telephone #: 860 342 2273

e-mail address: directorelbacchildcare.com License #: 70722 Expiration Date: 8/31/27

Capacity: 60/32 # of Children Present: 38/20 # 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: investigation 2024-1197

Observations/Corrections needed:

(P) 19a-79-4 a(d)(4)(b) Staffing - supervision
pending parent interviews

(P) 19a-79-10(1)(2) under three endursement - playground equipment
pending documentation on slide climber

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: 11/19

Signature: _____
(OEC Representative)
Print Name: Carolyne Beloreto

Signature: _____
(Person in Charge)
Print Name: Angelica Vega