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

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Our Little Folks Corner Date: 1·30·25 Time: 11:30

Location Address: 129 Stratton Brook Rd. Telephone #: 860-658-2033

e-mail address: littlefolkscornerllc@gmail.com License #: 70241 Expiration Date: 7/31/27

Capacity: 56 # of Children Present: 54 # of Staff Present: 12

| | |
|---|---|
| ***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*** n/a |

Purpose of visit: follow up to 1·3·25 inspection

Observations/Corrections needed:

#21 comprehensive Background check: ✓OK

#48 Proper refridgeration: ✓OK

#111(h)(2) Shock absorbing surfaces: ✓OK

#113(h)(7)(A) Fences to protect hazards: ✓OK

#128(c)(2) Exclusive use: ✓OK

#128(c)(8) Handwashing sign posted: ✓OK

#130(g)(1) Safe sleep; tightly fitted sheet: ✓OK

**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: Betty Mayer
*(OEC Representative)*
Print Name: Betty Mayer

Signature: Erin Rohrer
*(Person in Charge)*
Print Name: Erin Rohrer

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Our Little Folks Corner License # 70241 Date: 1·30·25

Observations/Corrections needed:

#161 Medication authorization: ✓OK

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

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Mayer
*(OEC Representative)*
Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: Erin Kohrer
*(Person in Charge)*
Print Name: Erin Kohrer