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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Lambs and Ivy Child Care Center Date: 3/25/25 Time: 9:39 am

Location Address: 799 Hopmeadow Street Simsbury Telephone #: 860-408-9467

e-mail address: director@littlelambsandivy.org License #: 15424 Expiration Date: 8/31/26

Capacity: 88/40 # of Children Present: 62 # of Staff Present: 17

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 3/7/25 visit

Observations/Corrections needed:

19a-79-4a(d)(4)(D) Staffing- Supervision

(NS) Program in compliance with supervision at time of 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: Evelyn Vicente-Quiñones
(OEC Representative)

Print Name: Evelyn Vicente-Quiñones

Signature: Joanne Douglas
(Person in Charge)

Print Name: Joanne Douglas