

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Little Journey Day Care and Learning Center Date: 3/4/25 Time: 10²³ AM

Location Address: 1790 Ellington Road South Windsor Telephone #: 860-899-9453

e-mail address: alittlejourneydaycare@gmail.com License #: 70406 Expiration Date: 4/30/26

Capacity: 42/22 # of Children Present: 27 # of Staff Present: 9

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: follow up 2025-111

Observations/Corrections needed:

19a-79-10(c)(2) Under three endorsement - Ratios

(NS) Regulation in compliance at today's 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: w/a

Signature: Evelyn Vicente-Quinones
(OEC Representative)

Print Name: Evelyn Vicente-Quinones

Signature: Brianna Ocasio
(Person in Charge)

Print Name: Brianna Ocasio