☐ 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: 3/7/25 Time: 9:05 AM

Location Address: 199 Hopmeadow Street Simsbury 06070 Telephone #: 860-408-9467

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

Capacity: 88/40 # of Children Present: 50 # of Staff Present: 14

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: Self-report 2025-181

Observations/Corrections needed:

19a-79-3a(d)(4)(B) Administration - Multi-hazard policy

⑤ Program staff was not in compliance with program's policy when staff did not conduct head count (attendance) when evacuating the building

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

③ Program staff was not in compliance with ensuring supervision of children at all times, when evacuating building and leaving one child behind in classroom.

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: 3/21/25

Signature: Evelyn Vicente-Quiñones
(OEC Representative)
Print Name: Evelyn Vicente-Quiñones

Signature: JoAnne S. Douglas
(Person in Charge)
Print Name: JoAnne Douglas