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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Our Little Folks Corner Date: 5/1/25 Time: 9:35am

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

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

Capacity: 56/35 # of Children Present: 51 # 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*** n/a

Purpose of visit: safe sleep partial

Observations/Corrections needed:

NO violations

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 Connor
(Person in Charge)
Print Name: Erin Connor