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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Lamb Day Care Center-Household of Faith Date: 12.6.24 Time: 745am

Location Address: 431 Hallett St Bpt Telephone #: 203.332.0911

e-mail address: lorenzopettwat@yahoo.com License #: 12676 Expiration Date: 6.30.25

Capacity: 32 # of Children Present: 7 # of Staff Present: 3

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: Partial inspection to Partial on 9/9/24 (Two Staff Present)

Observations/Corrections needed:

25(d)(2)-Two staff present-age 18 or older- OK at inspection today

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: _____
(OEC Representative)
Print Name: Lori Marzano

Signature: Flora Pettway
(Person in Charge)
Print Name: Flora Pettway