

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lovable Angels Childcare Learning Center Date: 6-27-25 Time: 1:05 pm

Location Address: 1825 E Main St Telephone #: 203 337-6614

e-mail address: lovableangels1825@yahoo.com License #: 16843 Expiration Date: 10-31-26

Capacity: 44 # of Children Present: 29 # of Staff Present: 6

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 records as required by Family Child Care Home Regulations.*
Family Child Care Home *Provider/Applicant/Substitute's Signature* _____

Purpose of visit: Follow Up to 6/17/25 Inspection (Supervision & Lighting)

Observations/Corrections needed:

28 4a(d)(4)(D) Supervision- OK at inspection during nap time

94 7a(e)(89) Lighting- naptime lighting observed- OK at inspection

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: [Signature]
(OEC Representative)
Print Name: Lori Mangano
Signature: M. Morales
(Person in Charge)
Print Name: Marangelly Morales