

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cottontails Child Care and Learning Center Date: 6/21/25 Time: 12 noon

Location Address: 9 Riverbend Dr. Bldg 9 Stamford, CT 06907 Telephone #: (203) 561-2646

e-mail address: cottontailsstamford@gmail.com License #: 70705 Expiration Date: 5-31-27

Capacity: 123 # of Children Present: 84 # of Staff Present: 21

**Consent to Inspect** 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.  
**Family Child Care Home** Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Self Reported incident case 2025-630

Observations/Corrections needed:

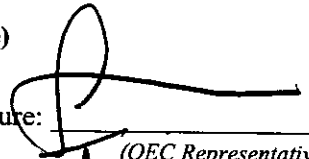
S = 19a-79-3a(a) Program did not ensure the safety of a child when a staff sat a child on a counter next to a hot crockpot and she touched the crock pot resulting in a burn to her left arm.

~~P~~ = 19a-79-4a(d)(4)(D) Supervision

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: 7.11.25

Signature:  \_\_\_\_\_  
(OEC Representative)  
Print Name: Kim  
Signature: Kayla Vozzella \_\_\_\_\_  
(Person in Charge)  
Print Name: Kayla Vozzella