

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: SPARK - Little Learners Date: 7/24/25 Time: 12:30 pm

Location Address: 202 Water St. Nantuxuck Telephone #: 203 892 2797

e-mail address: swiegles@sbglobal.net License #: 70311 Expiration Date: 8/31/28

Capacity: 43/24 # of Children Present: 32/118 # of Staff Present: 9

| | |
|--|---|
| 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 <u>N/A.</u> |
|--|---|

Purpose of visit: Self report case 2025-771

Observations/Corrections needed:

⑤ 19a-79-3a(b)(7)(A) - Administration - Managing child behavior - Staff failed to appropriately manage a child's behavior when they were seen roughly grabbing a child on the playground.

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: 8/7/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hall

Signature: [Signature]
(Person in Charge)

Print Name: Jenna Hoffman