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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Friends Date: 7-24-25 Time: 12:45pm

Location Address: 25 Valley Dr Greenwich Telephone #: 203-861-6549

e-mail address: Verna@littlefriendsgroc.com License #: 16328 Expiration Date: 3-31-29

Capacity: 147/72 # of Children Present 79/40 U3's # of Staff Present: 21

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*** NA

Purpose of visit: Partial on ratio cited on 6-2-25

Observations/Corrections needed:

Program is in compliance at this inspection on ratio.

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: NA

Signature: [signature] (OEC Representative)

Print Name: Cathy Anderson

Signature: [signature] (Person in Charge)

Print Name: Verna Esposito