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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Lambs and Ivy Child Care Center Date: 8/25/25 Time: 9:22 AM

Location Address: 799 Hopmeadow Street Simsbury Telephone #: 860-408-9467

e-mail address: director@littlelambsandivy.org License #: 15424 Expiration Date: 5/31/26

Capacity: 88/40 # of Children Present: 43 # of Staff Present: 13

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 visit to 2025-161

Observations/Corrections needed:

19a-79-4a(d)(4)(D) Staffing - Supervision

(NS) Regulation in compliance during OEC visit 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: Evelyn Vicente-Quiñones
(OEC Representative)
Print Name: Evelyn Vicente-Quiñones

Signature: _____
(Person in Charge)
Print Name: Ana M Bonilla