☐ 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 Scribbles Child Care + Learning Center Date: 8/12/25 Time: _____

Location Address: 2 Nutmeg Dr. Ellington Telephone #: 860-872-0252

e-mail address: littlescribblescildcare@yahoo.com License #: 70679 Expiration Date: 11/30/26

Capacity: 95/47 # of Children Present: 42 # 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: Investigation Case 2025-791

Observations/Corrections needed:

(NS) 19a-79-3a(b)(2) - Administration - meeting the needs of the child. no evidence to support regulatory violation.

(NS) 19a-79-3a(a) - Administration - ensuring the health + safety of children no evidence to support regulatory violation.

(NS) 19a-79-5a(a)(3)(A) - record keeping - incident reports - no evidence to support regulatory violation.

(S) 19a-79-4a(d)(4)(D) - Staffing - supervision - program failed to properly supervise children in the bathroom as stated on incident reports

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: 8/24/25

Signature: _____ *(OEC Representative)*
Print Name: Kim Morgan

Signature: _____ *(Person in Charge)*
Print Name: Jennifer Suarez