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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Scribbles Childcare + Learning Ctr Date: 8/28/25 Time: 9:40

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

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

Capacity: 95 # of Children Present: 39 # of Staff Present: 14

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: Case 2025-791

Observations/Corrections needed:

19a-79-4a(a)(4)(D)- Staffing - Supervision 6:1
- in compliance 9:1
4:1
5:1
3:1
3:1
2:1
3:1
4:2

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: _____
(OEC Representative)
Print Name: Kristin Morgan

Signature: _____
(Person in Charge)
Print Name: Nicole Piantanida