

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](http://www.ctoec.org) Fax (860)326-0552

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ruth Faurlien Date: 5/08/26 Time: 8:37am  
Location Address: 47 Mitchell Court Telephone #: 203-522-3946  
New London, CT. 06220  
e-mail address: ruthfaurlien@gmail.com License #: 58221 Expiration Date: 6/30/29  
Capacity: 6+3 # of Children Present: 1 # of Staff Present: 1 Provider  
under 18 months + 1 Sub# 92938

**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 [Signature]

Purpose of visit: Follow-up from full inspection on 4/17/26  
To observe outdoor hazards

Observations/Corrections needed:

23. The 3 nail guns, leaf blower, lighter fluid, lighter  
nails and tick killer were removed from  
the back yard play area under the tarp and open  
storage bin and locked in the basement and in  
a combination locked small shed.
48. Complete emergency numbers were observed on site for  
all children currently enrolled
53. The enrollment forms were completed for the  
3 children that were missing information
54. The child that has no medical record and the  
child that does not have a current medical record are not  
enrolled currently

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: No cap required

Signature: [Signature]  
(OEC Representative)  
Print Name: Jeff A. Russo  
Signature: [Signature]  
(Person in Charge)  
Print Name: Ruth Faurlien