

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Patricia Parman Date: 9.21.21 Time: 2:04pm
Location Address: 9 Hart St. Southington Telephone #: 203 313 4982
e-mail address: pparman@gmail.com License #: 56526 Expiration Date: 8/31/22
Capacity: 603 # of Children Present: 7 # of Staff Present: 1

**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 for Safe Sleep Violation cited on 8/19/21

Observations/Corrections needed:

Compliance was found at follow up with Safe provision
and for sleep and crib free of observable hazards.
Mattress now fits to edges without sheet and knob a nub is
removed from child's pacifier during naps

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: not needed

Signature: [Signature]
(OEC Representative)
Print Name: Patricia A. Gorski
Signature: [Signature]
(Person in Charge)
Print Name: Patricia Parman