

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Alyssa Ransom Date: 7/27/2011 Time: 4:10

Location Address: 10 Garden Street, New Haven Telephone #: 475-800-9883

e-mail address: noell-91@hotmail.com License #: 57268 Expiration Date: 10/31/23

Capacity: 6+3 # 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 Regulation. Provider/Applicant/Substitute's Signature: <u>Alyssa Ransom</u>
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Purpose of visit: Follow-up

Observations/Corrections needed:

Provider is now approved to administer
medications.
Medication to be labeled
Records updated.

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: _____

Signature: [Signature]
(OEC Representative)
Print Name: Debra B Zaworka
Signature: Alyssa Ransom
(Person in Charge)
Print Name: Alyssa Ransom