

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Mania Romano Date: 11-29-21 Time: 11:00

Location Address: 30 1/2 poplar St Telephone #: 203-302-1285

e-mail address: Romane2009@hotmail.com License #: 54260 Expiration Date: 1-31-25

Capacity: 6+3 # of Children Present: 0 # of Staff Present: 0

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** 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

Observations/Corrections needed:

13 Didn't observe updated physical for provider

35. Didn't observe carbon monoxide detector on 1st level

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: 12-13-21

Signature: [Signature]

(Office Representative)  
Print Name: Jangash Lopez

Signature: [Signature]

(Person in Charge)  
Print Name: RENE