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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kelly Verrengia Date: 1/25/2022 Time: 9

Location Address: 33 Scarboro Road, Hebron Telephone #: 860-228-4813

e-mail address: kverrengia@sbcglobal.net License #: 41319 Expiration Date: 5/31/2022

Capacity: 6+3 # of Children Present: 5 # of Staff Present: 2

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*** Kelly S Verrengia

Purpose of visit: Safe Sleep Follow-up

Observations/Corrections needed:

No sheet to be ~~ing~~ used for napping until tight Fitting sheets located.

Observed sheets at time of inspection to be not tight fitting.

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: 2/14/2022

Signature: _____ (OEC Representative)

Print Name: Donna Zawerton

Signature: Kelly S Verrengia (Person in Charge)

Print Name: Kelly Verrengia