

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Patricia Parman Date: 1-25-22 Time: 1:35 pm

Location Address: 9 Hart St. Southington Telephone #: 203 313 4982

e-mail address: pparman@gmail.com License #: 56526 Expiration Date: 8-31-22

Capacity: 6+3 # of Children Present: 6 # 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 Patricia Parman

Purpose of visit: Partial visit to inspection on 8-19-21 where Safe Sleep was cited and Follow-Up on 9-21-21 where compliance was found.

Observations/Corrections needed:

Compliance was found during visit with Safe Sleep.

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: N/A

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