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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kelly Verrengia Date: 3/2/22 Time: 905am

Location Address: 33 Scarboro Rd Hebron Telephone #: 860228-4813

e-mail address: _____ License #: 41319 Expiration Date: 5/31/22

Capacity: 6 or 3 # of Children Present: 4 1 under 18 months # 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: follow-up/partial for safe sleep from 02 full inspection

Observations/Corrections needed:

- walk through conducted
- observed pack n plays in compliance with sheets
- No violations observed

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: Ma Keller (OEC Representative)

Print Name: E Kellerman

Signature: Kelly S Verrengia (Person in Charge)

Print Name: Kelly S. Verrengia