

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lisa Magnano Date: 4.7.22 Time: 11:10 AM
Location Address: 21 Ridge Road Middletown Telephone #: 860 301 3903
e-mail address: Lmag21@aol.net License #: 566044 Expiration Date: 6.30.23
Capacity: 6+3 # of Children Present: 6 # of Staff Present: 1

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: Lisa Magnano

Purpose of visit: Follow up to Observable Hazard in Pack n Play for infant at
Full inspection on 4.1.22

Observations/Corrections needed:

Observed mattress pad remove from pack n' play
Regulation met at follow up

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 A. Tyburski
Signature: [Signature]
(Person in Charge)
Print Name: Lisa Magnano