

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Robyn Angeli Date: 4.22.22 Time: 11am

Location Address: 69 Vermont Dr., Saughton Telephone #: 203940 2315

e-mail address: angeli.robyn@gmail.com License #: 56990 Expiration Date: 12.31.25

Capacity: 643 # 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 child care records as required by Family Child Care Home Regulations.*
Family Child Care Home
Provider/Applicant/Substitute's Signature: [Signature]

Purpose of visit: Follow up for Hazard and Unprotected Water cited at Full Inspection completed on 4.4.22

Observations/Corrections needed:

Observed compliance during Follow up

- Chair placed over hole in play area until bunnies are no longer living in the hole
- Fencing put up to deny access to space beyond play area where water gathers during high levels of rain

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: NO CORRECTIONS

Signature: [Signature]
(OEC Representative)
Print Name: Patricia H. Jaworski

Signature: [Signature]
(Person in Charge)
Print Name: Robyn Angeli