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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Janet Tolisano Date: 5-10-22 Time: 9:15

Location Address: 591 W. Avon Rd. Avon Telephone #: 8606730877

e-mail address: janettolisano@gmail.com License #: 20194 Expiration Date: 3-31-26

Capacity: 6a3 # of Children Present: 2 # 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*** Janet Tolisano

Purpose of visit: Follow Up for use of Unapproved Staff at Full on 5-4-22

Observations/Corrections needed:

Observed Compliance with violation during Follow-Up
* Provider is looking for staff and making calls to find an approved person. Staff application was left with provider.

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: DO CORRECTIONS

Signature: _____
(OEC Representative)
Print Name: Patricia A. Tybursky

Signature: Janet Tolisano
(Person in Charge)
Print Name: Janet Tolisano