

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Elissa Mange Date: 7.13.22 Time: 2:55 pm

Location Address: 135 Peters Cir. Southington Telephone #: 860 628 4311

e-mail address: elmanage@frontier.com License #: 21432 Expiration Date: 5.31.26

Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> Provider/Applicant/Substitute's Signature: <u>Elissa B Mange</u>
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Purpose of visit: Follow up for Capacity Violation cited at full inspection on 7.8.22

**Observations/Corrections needed:**

Pa-87b-5 (4) No Violations found during Follow-up  
Provider was caring for 3 children

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. Tebush  
Signature: Elissa B. Mange  
(Person in Charge)  
Print Name: Elissa B. Mange