☐ Initial ☑ Unannounced Full (Partial) ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lisa Magnano Date: 7-12-22 Time: 1:55pm

Location Address: 21 Ridge Rd Middletown Telephone #: 860 301 3903

e-mail address: Lmag21@att.net License #: 56644 Expiration Date: 6-30-23

Capacity: 6-3 # of Children Present: 6 # 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*** X Lisa A Magnano

Purpose of visit: Partial (2-3 month) from Follow Up on 4-7-22 to Violation (74) when mattress was in Pack'n'Play at Full Inspection on 4-1-22. Compliance was found at the Follow Up

Observations/Corrections needed:

Compliance was observed during Partial Inspection

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: _____ (OEC Representative)

Print Name: Patricia A. Tyburski

Signature: Lisa A Magnano (Person in Charge)

Print Name: Lisa A. Magnano