

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Elissa Marge Date: 9.23.22 Time: 12:47 PM

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

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

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

Consent to Inspect Family Child Care Home	<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. Marge</u>
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Purpose of visit: Partial inspection for over capacity found at Full inspection on 7.8.22
Compliance was found at Follow up on 7.13.22

Observations/Corrections needed:

Compliance was found with Capacity during this partial

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 D. Tyburski
Signature: Elissa B. Marge
(Person in Charge)
Print Name: Elissa B. Marge