

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Angela Griffis Date: 2/1/23 Time: 9:40am  
Location Address: 46 George St. Southington, CT 06489 Telephone #: (860) 538-7207  
e-mail address: griffis.angela@gmail.com License #: 54593 Expiration Date: 9/30/25  
Capacity: 6+3 # of Children Present: 8 # of Staff Present: 2

**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

Purpose of visit: Complaint Investigation Case # 2023-75

Observations/Corrections needed:

(P) 19a-87b-8 @ qualifications of staff

(P) 19a-87b-10(c): Meeting Children's Physical needs

(S) 19a-87b-10(f)(3)

19a-87b-10(f)(3) Responsibilities of the provider and substitute -  
Sleep arrangement for Infants- No items in crib- observed  
an infant asleep in pack n play with a pacifier with  
plush attachment.

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: 2/15/2023

Signature: Stephanie Pua  
(OEC Representative)  
Print Name: Stephanie Pua  
Signature: Refused to Sign  
(Person in Charge)  
Print Name: \_\_\_\_\_