

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Angela Griffis Date: 2/6/23 Time: 12:30pm
Location Address: 46 George St. Saughton Telephone #: 860-538-720
e-mail address: griffis.angela@gmail.com License #: 54593 Expiration Date: 9/30/25
Capacity: 6+3 # of Children Present: 4 # of Staff Present: 2

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. Provider/Applicant/Substitute's Signature</i> <u>X: [Signature]</u>
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Purpose of visit: follow up -

Observations/Corrections needed: also Prefert Rachel Luongo #92033

(NS) 19a-87b-10(f)(3) - Responsibilities of Provider - Safe Sleep -
Per provider, she has remedied the violation. Provider was
practicing safe sleep practices during visit.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature] ^{Valeen}
[Signature] (OEC Representative) Kenn Eddy

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: [Signature]

Signature: [Signature]
Angela Griffis (Person in Charge)