

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

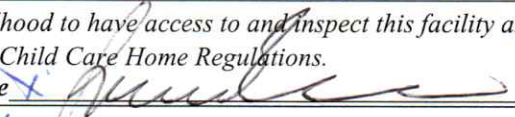
**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: JANICE SIMMONS Date: 2-15-23 Time: 12:20 PM

Location Address: 53 CONCORD ST. BRISTOL 06010 Telephone #: 860 992 7493

e-mail address: daveandjansimmons@comcast.net License #: 23494 Expiration Date: 3-31-26

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

**Consent to Inspect**      I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home**      child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature: 

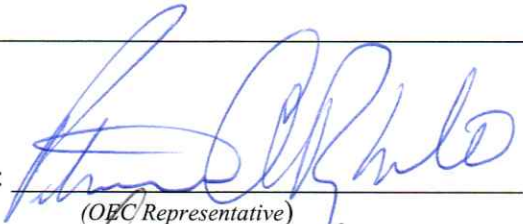
Purpose of visit: FOLLOW-UP FOR SAFE SLEEP VIOLATIONS CITED AT FULL INSPECTION  
COMPLETED ON 2.8.23

Observations/Corrections needed:

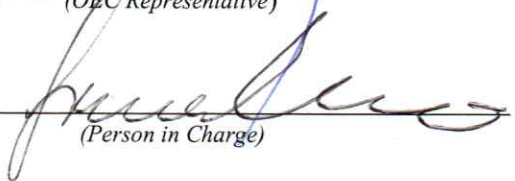
Compliance was found/observed during  
follow up with Safe Sleep. Items are no longer  
in infants Pack & Play

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:   
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature:   
(Person in Charge)