

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Heather J. Supersano Date: 2/2/23 Time: 1:15p

Location Address: 109-2 Boston Post Rd Old Lyme Telephone #: 860-961-3732

e-mail address: hjsupersano@sbcglobal.net License #: Pending Expiration Date: _____

Capacity: 6+3 # of Children Present: 1 # 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 Heather J. Supersano

Purpose of visit: Follow up to initial 9/30/2022

Observations/Corrections needed:

Discussions:

- During initial inspection discussed the propane fire place will not be used during child care hours. Will always be cold to the touch.
- Reviewed bb gun and ammunition must be locked separately.

← No violations →

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: _____

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

Ellen Ruiz
(OEC Representative)
Heather J. Supersano
(Person in Charge)