☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: MARYCLARE ORLOFF Date: 4.4.23 Time: 10:35 AM

Location Address: 10 INDIAN HILL RD., NEW FAIRFIELD Telephone #: 203 648 7194

e-mail address: orloffclare@gmail.com License #: 57457 Expiration Date: 12.31.24

Capacity: 6+3 # of Children Present: 5 # 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*** M Orloff

Purpose of visit: FOLLOW-UP TO VIOLATIONS OBSERVED DURING INSPECTION CONDUCTED ON 3.30.23 FOR CRIB FREE OF OBSERVABLE HAZARDS AND SUPERVISION

Observations/Corrections needed: VIOLATIONS

Observed Compliance with Safe Sleep and Supervision Regulations during this Follow-Up. All children were outside together with provider and quilted sheets and toys and Nylon Privacy Net were all removed.

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: M Orloff *(Person in Charge)*