

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Saskia Brown-Cox Date: 6/20/13 Time: 9:28am

Location Address: 74 Jarden St. Torrington Telephone #: (845) 705-9868

e-mail address: Blessedangelsnurses@gmail.com License #: Pending Expiration Date: Pending

Capacity: 6+3 # of Children Present: 0 # 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: [Signature]

Purpose of visit: Initial Follow-up for Safe Space and to Review CAP and documents.

Observations/Corrections needed:

(P) # 21 The background check is now complete, proof of compliance presented.

(NS) # 23 Observed swing set now secured

(P) # 31 Observed handrails installed, gates at entrance of stairs blocking access to them also installed.

(P) # 34 Observed smoke detector in the basement working properly

(P) # 39. Observed fenced ^{area} added to play area making the stones not accessible to children.

(P) # 40 Observed fence around play area, now with two gates installed (high 59 inches), and ^{pad-}locks locked on them.

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: N/A

Signature: [Signature]
(OEC Representative)

Print Name: Gary E. Lohmeier Jay Ferris

Signature: [Signature]
(Person in Charge)

Print Name: Saskia Brown-Cox