

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ANGELA GRIFFIS Date: 7.13.23 Time: 8:50AM

Location Address: 46 GEORGE ST., SOUTHINGTON 06489-3521 Telephone #: 860 538 7207

e-mail address: griffis.angela@gmail.com License #: 54593 Expiration Date: 9.30.25

Capacity: 6+3 # of Children Present: 105 # of Staff Present: 2

<b>Consent to Inspect Family Child Care Home</b>	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 <u>[Signature]</u>
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Purpose of visit: FOLLOW-UP FOR VIOLATIONS CITED DURING FULL INSPECTION ON 7.7.23 FOR OVER CAPACITY AND SAFE SLEEP

Observations/Corrections needed:

\* OBSERVED COMPLIANCE DURING FOLLOW UP WITH VIOLATIONS CITED AT FULL INSPECTION  
- SOUG MATTRESSES TIGHT FITTED SHEET WERE OBSERVED FOR INFANT RACK & PLAYS  
- PROVIDER WAS IN COMPLIANCE WITH CAPACITY WHEN 5 CHILDREN, 2 UNDER 18 MONTHS, WERE ON SITE WITH TWO APPROVED STAFF

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]

Signature: [Signature]  
(OEC Representative)  
Print Name: Melina Perez  
Signature: [Signature]  
(Person in Charge)  
Print Name: Angela Griffin