

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Maria Romano Date: 4/18/22 Time: 12:00pm  
Location Address: 30 1/2 Poplar St. New Milford, 06776 Telephone #: 203-300-1285  
e-mail address: Romano2009@hotmail.com License #: 54260 Expiration Date: 1/31/25  
Capacity: 6+3 # of Children Present: 2 # 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: Maria Romano

Purpose of visit: Maria Romano Follow Up From full.

**Observations/Corrections needed:**

21. Per provider, she doesn't have access to the BCIS system and 2 of household members Background checks are expired.

95. Didn't observe parent permission for non-prescription topical medication.

**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: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 5/1/23

Signature: Maria Romano  
(Person in Charge)