

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria Romano Date: 7/17/23 Time: 11:05 AM
10:40 AM

Location Address: 3 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>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</i>
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Purpose of visit: Follow up from Full

Observations/Corrections needed: None found at time of visit.
- violations from inspection 4/18/23 have been corrected at the time of the visit.

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: _____

Signature: [Signature]
(Person in Charge)