

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: PATRICIA PARMON Date: 7.28.23 Time: 11:45AM

Location Address: 9 HART ST., SOUTHWINGTON 06489-2440 Telephone #: 203 313 4982

e-mail address: pparmon@gmail.com License #: 56526 Expiration Date: 8.31.26

Capacity: 6+3 # of Children Present: 4 # 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 1 <u>Patricia Parmon</u></i>
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Purpose of visit: FOLLOW-UP VISIT FOR VIOLATIONS CITED DURING FULL INSPECTION ON 7.10.23 FOR BODY OF WATER

Observations/Corrections needed:

(40) Observed height of fence protecting from water to still measure 46-47 inches at certain areas.

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: 8.11.23

Signature: [Signature]
(OEC Representative)
Print Name: Patricia Lyburski
Signature: [Signature]
(Person in Charge)
Print Name: Patricia Parmon