

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Madelyn Vachier Date: 8/7/23 Time: 9:00 AM

Location Address: 135 Atkins Street Menden, CT 06450 Telephone #: (203) 514-9148

e-mail address: maddysteddybear177@gmail.com License #: 516177 Expiration Date: 8/31/27

Capacity: 0+3 # of Children Present: 3 # 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: Follow up to safe sleep violation cited during full inspection on 7/26/23

Observations/Corrections needed:

Compliance observed during follow-up visit. Tight fitted sheet is on pack n play mattress where infant is napped.

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: Melina Perez

Signature: [Signature]
(Person in Charge)

Print Name: Madelyn Vachier