

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: ANGELA GRIFFIS Date: 9.25.23 Time: 12:25 PM

Location Address: 46 GEORGE ST., SOUTHINGTON 06489-352 Telephone #: 860 538 7207

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

Capacity: 6+3 # of Children Present: 9 # of Staff Present: 2

<b>Consent to Inspect</b> <b>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: PARTIAL INSPECTION 2-3 MONTHS FOLLOWING FOLLOW-UP INSPECTION 7.13.23  
CONDUCTED FOR VIOLATIONS CITED AT FULL INSPECTION ON 7.7.23

Observations/Corrections needed: CAPACITY & SAFE SLEEP

Observed Compliance with Capacity & Safe Sleep during this Partial

Discussed with Substitute; pack & plays must have mattress buckled with snap or velcro to hold it in place.

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: w/a

Signature: [Signature]  
(OEC Representative)  
Print Name: Patricia Tyburski  
Signature: [Signature]  
(Person in Charge)  
Print Name: Gabriel Calandra