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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Samantha R Rogers Date: 9/25/2023 Time: 3:30

Location Address: 32 Cook Hill Road, Lebanon Telephone #: 860-597-7080

e-mail address: tinyadventureslebanon@gmail.com License #: 57208 Expiration Date: 6/30/27

Capacity: 6+3 # of Children Present: 3 4(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***

Purpose of visit: Safe Sleep Follow-up

Observations/Corrections needed:

New pack-n-play's purchased
Safe sleep in compliance at time of inspection

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: _____

Signature: _____
(OEC Representative)
Print Name: Donna B Zaweska

Signature: _____
(Person in Charge)
Print Name: Samantha Roger