☐ Initial ☐ Unannounced Full/Partial ☒ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cynthia Cascone Date: 9/21/23 Time: 12:15

Location Address: 37 Turkey Hill Telephone #: 203-240-9138

e-mail address: cyndicascone218@gmail.com License #: 542943 Expiration Date: 1/31/25

Capacity: 6+3 # of Children Present: 5 # 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*** Cynthia Cascone

Purpose of visit: Follow up to check cribs

Observations/Corrections needed:

#73 - Previous cribs did not meet the crib standards. The two old cribs were destroyed. Provider has two cribs more current, one manufactured in 2019 and other in 2016. Previously cited violation has been corrected.

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: Jannie Thornton
(OEC Representative)
Jannie Thornton

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: Cynthia Cascone
(Person in Charge)
Cynthia Cascone