

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KASANDRA ROMERO Date: 10/18/23 Time: 10:45am

Location Address: 10 Birch Rd Mendon CT 06451-1210 Telephone #: 203 415 8226

e-mail address: KASANDRA.ROMERO@abl.com License #: 57733 Expiration Date: 10.31.26

Capacity: 123 # of Children Present: 10 # of Staff Present: AMP 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: <u>Kasandra Romero</u>
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Purpose of visit: Follow-up to safe sleep violation cited during full inspection on 10/10/23

Observations/Corrections needed:

#74 Observed pack n play where infant is rapped free from hazards.

#39 Observed fence area that was topped over has been fixed but it is not sturdy. Explained to provider as her home is located on a steep hill that leads directly to a busy main road that something more secure/sturdy is needed. provider indicated she plans on having an 8ft fence installed but will more than likely use her back deck area for outdoor play until that process is started. provider's deck area is safe/secure and has self latching/closing locks on both exits.

*went over notification of change process with provider. she is still working on correcting the additional violations she was cited for during the full inspection on 10/10/23.

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: MJA

Signature: Melina Perez
(OEC Representative)

Print Name: Melina Perez

Signature: Kasandra Romero
(Person in Charge)

Print Name: Kasandra Romero