

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Madeyn Vachier Date: 10/19/23 Time: 1:49pm

Location Address: 135 Atkins St. Menden, CT 06450 - 3463 Telephone #: 203 514 9148

e-mail address: maddysteddybear177@gmail.com License #: 526677 Expiration Date: 8/31/27

Capacity: 12+3 # of Children Present: 4 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Partial 2-3 months after follow-up for safe sleep violation cited during full inspection on 7/26/23.

Observations/Corrections needed:

#73 Observed tight fitted sheet on mattress ^{lump} ~~lump~~ in the pack n play where the infant is napped. provider remains in compliance since last follow-up.

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: Maria Perez

Signature: [Signature]
(Person in Charge)

Print Name: Madeyn Vachier