

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Deborah Dupigny Date: 9/23/24 Time: 9:50a
Location Address: 40 Avalon Drive, Unit 6203 Telephone #: 203-243-2263
e-mail address: ddupigny246@yahoo.com License #: pending Expiration Date: pending
Capacity: 5 # of Children Present: 0 # 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: Initial Follow-up

Observations/Corrections needed:

- 23. The T.V in the living room on top of cabinet was removed and is no longer accessible to Children
- 1. The medications, disinfectant sprays and peroxide were moved to a high shelf in kitchen pantry and are no longer accessible to the children
- 0. The water temp was 120°
- James Park located at 5 Edgewood Ave Milford was observed by SR (from OEC) A Supervision Plan for alternate playspace at James park in Milford, 2.6 miles from provider's home was obtained during the follow-up. The park was observed to have safe/sufficient space,

Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

RECTIVE PLAN SHALL BE RETURNED TO OEC BY: No cap required

Signature: [Signature]
(OEC Representative)
Print Name: Stef A. Russo
Signature: [Signature]
(Person in Charge)
Print Name: Deborah Dupigny

