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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Safe and Sound Daycare 2 Date: 7.27.21 Time: 9:16am

Location Address: 8 Schribner Ave Norwalk Telephone #: 203 642.3747

e-mail address: dmendence35@gmail.com License #: 70045 Expiration Date: 2.29.24

Capacity: 30/19 # of Children Present: 27 # of Staff Present: 6

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: Follow up to 7.13.21 inspection (Safe Sleep)

Observations/Corrections needed:

#130 – OK at 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: N/A

Signature: _____ *(OEC Representative)*

Print Name: Lori Mangano

Signature: _____ *(Person in Charge)*

Print Name: Danielle Mendence