

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Monica Mendoza Date: 7.28.21 Time: 12:00

Location Address: 21 Mapleridge DR. Wtby Telephone #: (203) 519-9855

e-mail address: Mora_Mora@OUTLOOK.COM License #: 54397 Expiration Date: 4.30.25

Capacity: 6+3 # of Children Present: 0 # 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: <u>[Signature]</u></i>
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Purpose of visit: Follow up from unannounced Full inspection

Observations/Corrections needed:

13. Provider doesn't have updated Medical form

17. 1 Household Member doesn't have Medical form

24. alcoholic ~~beverage~~ beverages are accessible to children in Living Room in an unlocked cabinet.

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: 8.11.21

Signature: [Signature]
(OEC Representative)

Print Name: Marissa Lopez

Signature: [Signature]
(Person in Charge)

Print Name: Monica Mendoza