

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mommy's Daycare Date: 9.17.21 Time: 12:00 pm

Location Address: 45 Dry Hill Rd Norwalk Telephone #: 203 570 9734

e-mail address: browndeneen@yahoo.com License #: Pending Expiration Date: —

Capacity: 12/12 # of Children Present: — # of Staff Present: —

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
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Purpose of visit: Follow up to 8/30/21 inspection

Observations Corrections needed:

observed existing program with 2 staff and 5 children

6 - OK

(44) no outdoor kit and indoor kit missing one triangular bandage and face shield

45 - OK

66 - OK

75 - OK

76 - OK

88 - OK - no climbing equipment

89 - OK

78 - OK

92 - OK removed

(93) large gaps on both sides of gate

113 - OK

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: prior to OEC approval

Signature: _____

(OEC Representative)
Print Name: Liz Mengano

Signature: _____

(Person in Charge)
Print Name: Deneen Brown