

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Safe and Sound Daycare 2 Date: 10.21.21 Time: 12:15pm

Location Address: 8 Scribner Ave Norwalk Telephone #: 203.642.3747

e-mail address: dmendence39@gmail.com License #: 70045 Expiration Date: 2-29-24

Capacity: 30/19 # of Children Present: 29 # of Staff Present: 6

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 inspection on Safe Sleep from 7/13/21 Follow up inspection

Observations/Corrections needed:

#130 Cmb/bed Free from observable hazards - 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: 

Print Name: Don Mariano
(OEC Representative)

Signature: 

Print Name: Danielle Mendence
(Person in Charge)