

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ashley Davis Date: 3/3/21 Time: _____

Location Address: 73 Roosevelt St, Stamford Telephone #: 203-253-8917

e-mail address: auntiesbabiesct@gmail.com License #: _____ Expiration Date: _____

Capacity: — # of Children Present: 0 # of Staff Present: —

Consent to Inspect	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home	child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____	

Purpose of visit: Follow up initial inspection 2/24/22 Safe Space

Observations/Corrections needed:

Safe Space - Observed sufficient outdoor space (play)
to ensure appropriate activities, safety and comfort
for the children at the family day care. The concrete
column (stump) with metal object protruding has been
removed.

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: _____

Signature: [Signature]

Print Name: Carols Hibizu

Signature: Ashley S. Davis

Print Name: Ashley S. Davis