

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leidy Diaz Date: 3/16/22 Time: _____

Location Address: 37 Bayview Ave, Apt 1, Norwalk Telephone #: 203-451-5007

e-mail address: Bayviewdrycare@gmail.com License #: 55614 Expiration Date: 2/28/23

Capacity: 6⁺3 # of Children Present: 4 # of Staff Present: 2

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: <u>Leidy A. Diaz</u>
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Purpose of visit: follow up inspection Consent Order

Observations/Corrections needed:

- After Supervisory review, provider was in violation of condition #9 of the consent order executed 5/18/20 (must develop and implement a written policy to ensure compliance with record keeping for two years), when she was cited on 2/23/22 inspection for #53-Enrollment, #54-Child Health Records, #55-Immunization, #56 Emergency Permission, and #57-Authorized Release.

- At this visit, observed all children's enrolled records, health, immunizations, emergency permission and authorized releases were in files.

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: _____
(OEC Representative)

Print Name: Carlos Abizue

Signature: _____

Print Name: Leidy A. Diaz
(Person in Charge)