

2022-249

Unannounced Full/Partial Follow-up Location Change

iof2

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leidy Diaz Date: 4/20/22 Time: 11am

Location Address: 37 Bayview Avenue ^{APT 1} NORWALK, CT 06854 Telephone #: 203-451-5007

e-mail address: Bayviewdaycare@gmail.com License #: 55619 Expiration Date: 2/28/23

Capacity: 63 # of Children Present: 45 # 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: [Signature]

Purpose of visit: CO monitoring effective 5/18/20

Observations/Corrections needed:

PIC - Juliana Del Carmen Urena-Cruz (exp. 4/30/23) # 917512

OK Condition # 9(a) Written policy for Record Keeping - OEC observed checklist for children files in each file, including emergency numbers. All files had all of the required documents in them

OK Condition # 9(b) Maintain Documentation - OEC observed documentation/checklist in each child's file for necessary documentation required for enrolled children.

S ~~OK~~ Condition 10 - Written Plan for Physical Plant, OEC observed checklist for Physical plant; however, OEC did not observe implementation of the written checklist.

S Condition 10(b) maintain documentation for written plan - OEC did ~~not~~ observe proper implementation/assessment documentation of the written plan. No checklist were observed for physical plant

OK Condition 11 - Capacity/Unapproved Staff. Provider was in compliance w/ this regulation/condition during visit. There were 15 children and 2 staff present.

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: 5/4/22

Signature: [Signature]
(OEC Representative)

Print Name: Valeca Williams

Signature: [Signature]
(Person in Charge)

Print Name: Leidy A. Diaz

(Cont)

* Consent order monitoring
SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leidy Diaz License # 5564 Date: 4/20/22

Observations/Corrections needed:

OK condition #12 Penalty - Provider paid the civil penalty in May 2022.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Valecia Williams
(OEC Representative)

Print Name: Valecia Williams

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: S/4/22

Print Name: Leidy A. Diaz