

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Angela Mera Date: 4/26/22 Time: 1:50 pm
Location Address: 45 Van zant St, Norwalk, CT Telephone #: 203-952-5352
e-mail address: angemeve9@gmail.com License #: 57311 Expiration Date: 1/31/24
Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

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 inspection 3/15/22

Observations/Corrections needed:

- #13 Medical Statement - physical is scheduled for May 22
bloodwork has already been completed
- #34 - Smoke Detectors - observed smoke detector installed
and operating
- #35 Carbon Monoxide - observed carbon monoxide
detector installed and operating
- #54 Child Health Record - observed child health record
updated and place in child's file.
- #56 Emergency permission observed both children emergency
permission form in children's file.

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 Albizu

Signature: Angela Mera

(Person in Charge)
Print Name: Angela Mera