

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sandhya To. Date: 9/9/22 Time: 12:20 PM

Location Address: 4 Terre Haute Rd Danbury Telephone #: 203 791 2161

e-mail address: sndbx12@gmail.com License #: 13304 Expiration Date: 4/30/26

Capacity: 30/116 # of Children Present: 21 # of Staff Present: 5

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>N/A</u>
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Purpose of visit: Partial Case 2022-254

NS Observations/Corrections needed:
19a-79-10(g) - Under Three's Endorsement - Safe Sleep - Walk through
Conducted - No violations at this visit.

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: [Signature]
(OEC Representative)
Print Name: Lauren Hall
Signature: [Signature]
(Person in Charge)
Print Name: Katie Haug