

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ashley Davis Date: 2/23/23 Time: 9:45

Location Address: 73 Roosevelt Ave. Fl. 1, Stamford Telephone #: 203 253-8917

e-mail address: auntiesbabiesct@gmail.com License #: 57616 Expiration Date: 3/31/26

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 Ashley S. Davis

Purpose of visit: Follow-up for investigation 2023-134

Observations/Corrections needed:

(NS) 19a-87b-5(e) Infant/Toddler restriction - operator in compliance at time of inspection.

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: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Ashley S. Davis  
(Person in Charge)

Print Name: Ashley S. Davis