

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mikaela Sara Morochó Date: 3/6/23 Time: 11:30
Location Address: 3 DARTMOUTH W. Danbury, CT 06810 Telephone #: 2038854636
e-mail address: mikaelasaca93@gmail.com License #: 57207 Expiration Date: 6/30/23
Capacity: 6+3 # of Children Present: 5 # 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>[Signature]</u>
--	---

Purpose of visit: Follow up on safe sleep

Observations/Corrections needed:

NO violations found at time of visit; for safe sleep.

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: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: [Signature]

Signature: [Signature]
(Person in Charge)