

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Safe and Sound Daycare 2 Date: 4.21.23 Time: 8:53
Location Address: 8 Scribner Ave Norwalk Telephone #: 2036423747
e-mail address: Dmencence35@gmail.com License #: 70045 Expiration Date: 2.29.24
Capacity: 30/19 # of Children Present: 23 # of Staff Present: 3

Consent to Inspect *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.*
Family Child Care Home *Provider/Applicant/Substitute's Signature*

Purpose of visit: Follow Up to 4.4.23 inspection (Ratio, Group Size, Barriers)

Observations/Corrections needed:

- 110: Ratio - observed 1 to 8 ratio in infant area and 1 to 7 ratio in toddler area.
- 111: Group Size - OK at inspection
- 112: Barriers - OK at 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: 5/2/23

Signature: [Signature]
(OEC Representative)
Print Name: Zon Mangano
Signature: [Signature]
(Person in Charge)
Print Name: Danielle Mencia