☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Safe and Sound Daycare 2 Date: 5.2.23 Time: 10:10 am

Location Address: 8 Scribner Ave Norwalk Telephone #: 203 6423747

e-mail address: Dmendence@gmail.com License #: 70045 Expiration Date: 2.29.24

Capacity: 30/19 # of Children Present: 26 # of Staff Present: 7

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*** _____

Purpose of visit: 2nd Follow up to 4.4.23 inspection (ratio)

Observations/Corrections needed:

#110 Ratio- 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: N/A

Signature: _____ *(OEC Representative)*

Print Name: Lori Mangano

Signature: _____ *(Person in Charge)*

Print Name: Danielle Mendenco