

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Vanessa Nunez Date: 5/18/23 Time: 11:30A  
Location Address: 51 Highland Ave Danbury, 06810 Telephone #: 475-279-1516  
e-mail address: Vanessa.Nunez.5106@gmail.com License #: 57679 Expiration Date: 7/31/26  
Capacity: 6+3 # of Children Present: 34 # of Staff Present: 1

**Consent to Inspect** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all  
**Family Child Care Home** child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature: X Vanessa Nunez

Purpose of visit: Follow up from full: Capacity, Safe Sleep and bottle/bottle feeding

Observations/Corrections needed:  
12. Per provider she was unaware and didn't have knowledge of regulations

Discussion: individual bedding for children in care.  
- Fire safety and Fire drills.  
- observed bedding and pillow removed from infants sleep crib.

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: 6/2/23

Signature: [Signature]  
(OEC Representative)  
Print Name: Janet Irish  
Signature: Vanessa Nunez  
(Person in Charge)  
Print Name: Vanessa Nunez