

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

**SUPPLEMENTAL REPORT OF INSPECTION**

5/22/23 ~~4/18/23~~ a:50a  
Date: ~~3/10~~ Time: ~~10:50a~~

Name of Program/Provider: Claudia Cornejo  
Location Address: 1168 W Rocks Rd Norwalk CT Telephone #: (203)246-6873  
e-mail address: carolinacornejo2324@gmail.com License #: 56388 Expiration Date: 11/30/25  
Capacity: 6/3 # of Children Present: 8 # 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 [Signature]

Purpose of visit: Follow up to visit to 3/10/2023  
sleep provisions + sufficient space

Observations/Corrections needed:  
• Provider was not present. Subs present were 92098 and 90971.  
• Second room has been cleared to fit high chairs, #23 Bathroom that children use has detergent in unlocked cabinet and personal products and razors accessible on a low shelf.

\*discussion continued. For 9 children to fit more comfortably with cots and play yards, items may not block exits once set up.  
Subs state high chairs get folded down to give more space at nap.

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: 5/22/23

Signature: [Signature]  
(OEC Representative)  
Print Name: Ellen Ruiz  
Signature: [Signature]  
(Person in Charge)  
Print Name: \_\_\_\_\_