

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Safe and Sound Daycare 2 Date: 7/28/23 Time: 8:03
Location Address: 8 Scribner Ave NORWALK Telephone #: 203-642-3747
e-mail address: DMendence@gmail.com License #: 70045 Expiration Date: 2.29.24
Capacity 30/19 # of Children Present: 6 # 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 _____

Purpose of visit: Partial Inspection TD 4/4/23, 4/21/23 and 5/2/23 on ratio, group size, barriers

Observations/Corrections needed:

110- Under 3 endorsement- Ratio- OK at inspection

111- Under 3 endorsement- Group size- OK at inspection

112- Under 3 endorsement- Physical 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: N/A

Signature: [Signature]
Print Name: Don Mangano
Signature: [Signature]
Print Name: Danielle Mendence
(Person in Charge)