

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Vanessa J. Nunez Date: 8/14/23 Time: 12:00pm

Location Address: 51 Highland Ave Danbury, 06810 Telephone #: 475-279-1516

e-mail address: Vanessa.nunez@gmail.com License #: 657679 Expiration Date: 7/31/26

Capacity: 6⁺³ # of Children Present: 2 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<i>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</i> Provider/Applicant/Substitute's Signature: <u>Nanema Nunez</u>
--	--

Purpose of visit: Partial Capacity, Safe Sleep and Bottle Feeding

Observations/Corrections needed:

- No violations found at time of visit.

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: _____

Signature: [Signature]
(OEC Representative)

Signature: Nanema Nunez
(Person in Charge)