

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Veronica Cervantes Date: 8/8/23 Time: 1:40pm

Location Address: 37 farview Rd Danbury, 06810 Telephone #: 203-917-5121

e-mail address: the.littlejunglecc@gmail.com License #: 57374 Expiration Date: 8/30/24

Capacity: 6⁺³ # of Children Present: 5 # 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>Cervantes V</u>
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Purpose of visit: partial from full safe sleep &

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]

Print Name: Andres Lopez
(OEC Representative)

Signature: Cervantes V

Print Name: Veronica Cervantes
(Person in Charge)