

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Andrea Valdez Date: 8/25/23 Time: 8:58 AM

Location Address: 61 N. Taylor Avenue #B Norwalk Telephone #: 203-919-9077

e-mail address: Saandaycare@gmail.com License #: 57511 Expiration Date: 6/30/25

Capacity: 6+3 # of Children Present: 4+4 # 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: 2023-806 FU Capacity

Observations/Corrections needed:

Upon arrival the provider and substitute were observed caring for 4 children. Four additional children arrived before the inspection concluded.

No violations in Capacity were observed.

Discussion: 1 Child's medical expired on 7/25/2023. Child can not attend the program on Monday if an updated medical is not submitted.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge)