

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: VANILSA SANCHEZ NUNEZ Date: 9/12/23 Time: 1:55 PM
Location Address: 4 THOMAS ST., DANBURY Telephone #: 475 689 7013
e-mail address: dreamers.daycare04@gmail.com License #: 57693 Expiration Date: 8-31-26
Capacity: 6+3 # of Children Present: 7 # of Staff Present: 1

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: FOLLOW-UP FOR VIOLATION FOR SUPERVISION CITED AT FOLLOW-UP CONDUCTED ON 9-7-23

Observations/Corrections needed:

- (4) Observed Approved Assistant and an Unapproved person caring for 7 children without Provider present
- (6) Observed 3 children under the age of 18 months being cared for by Approved Assistant and an Unapproved person
- (16) Observed provider not using good judgement by leaving children with an assistant and an unapproved ~~staff~~ ^{PT or} person
- (31) Observed 2 children being cared for upstairs in living room without a gate protecting the stairway

Upon arrival Provider was not home leaving 7 children; 3 under 18 months; with her Approved Assistant and an unapproved person. Provider called during follow up and spoke with specialist who informed her that the children needed to go home and parents needed to be called because Assistants can't be left alone.

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: 9/26/23

Signature: [Signature]
(OEC Representative)
Print Name: Patricia Tyowski

Signature: [Signature]
(Person in Charge)
Print Name: Vanilisa Sanchez