

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Angela Pena Luna Date: 10/26/23 Time: 2:10pm
Location Address: 27 Maitland Rd, Stamford Ct Telephone #: 347-339-7661
e-mail address: ovallesangela1831@gmail.com License #: 57479 Expiration Date: 3/31/25
Capacity: 6+3 # of Children Present: 7 # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature: X Allapraciat Cruz

Purpose of visit: Proper rest provision - follow up visit 10/24/23

Observations/Corrections needed:

19a-87b-10a - Provider failed to maintain the license capacity when she left the substitute in the program by herself to care for 7 children. Provider went to a medical appointment.

19a-87b-10(c)(5)(A) Provider (substitute) failed to provide proper rest provisions when a 21 month old child was observed sleeping in a bouncy chair not intended for sleep.

19a-87b-10(c)(1): Provider (substitute) failed to follow manufacturer guidelines when a 21 month old child was observed in a bouncer not intended for children who can sit up or weigh over 20 lbs.

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: 11/09/2023

Signature: Allapraciat Cruz
(Person in Charge)