

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: 10/27/23 Time: 11:42  
Location Address: 27 Mainland 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: 6 # of Staff Present: 2

**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 \* Angela Pena

Purpose of visit: Proper rest provision - Capacity

Observations/Corrections needed:  
No violations cited.

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: Angela Pena  
(Person in Charge)