

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Monica E. Samaniego Date: 10/2/24 Time: —

Location Address: 5 1<sup>st</sup> St. #2 Danbury, CT 06810 Telephone #: (203) 528-2131

e-mail address: Monicarod3232@gmail.com License #: 57902 Expiration Date: 11/30/27

Capacity: 6+3 # of Children Present: \_\_\_\_\_ # of Staff Present: \_\_\_\_\_

**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

Purpose of visit: Addendum from follow up

Observations/Corrections needed:

- Discussed  
ensuring ~~at~~<sup>is</sup> that the daycare is kept separate from  
the other child care on the first floor, and that providers stay  
in their own licensed space to ensure there is no franchising.

- 19a-87b-10(b) - Provider failed to maintain children records  
for the children ~~at~~<sup>is</sup> enrolled in care. When asked for a child's  
enrollment, it was not kept in the licensed ~~care~~<sup>is</sup> address.

Received on 10/7/24 in person.

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: 10/20/24

Signature: [Signature]  
(OEC Representative)

Print Name: [Name]

Signature: Monica Samaniego  
(Person in Charge)

Print Name: Monica Samaniego