

Initial Unannounced Full/Partial Follow-up Location Change Investigation

Other Addendum

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Monica Samaniego Date: 10/7/24 Time: —

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

e-mail address: Monicarod3232@gmail.com License #: 57922 Expiration Date: 11/30/27

Capacity: 6+3 # of Children Present: _____ # of Staff Present: _____

**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: Addendum - from follow up 10/7/24

Observations/Corrections needed:

#4. -Per provider she cares for 10 children from
Monday - Friday from the start of day until the end
of the day.

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: _____

Signature: _____
(OEC Representative)

Print Name: Monica Samaniego

Signature: Monica Samaniego
(Person in Charge)

Print Name: Monica Samaniego