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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cecilia Montero Date: 9/16/24 Time: 12:35pm

Location Address: 68 Hartwood Rd Stamford Ct Telephone #: 203 329 3973

e-mail address: Kiddycare2006@yahoo.com License #: 19589 Expiration Date: 10/31/28

Capacity: 6+3 # of Children Present: 5 # 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 Sent by mail

Purpose of visit: Follow up on safe sleep

Observations/Corrections needed:

Tight sheets observed in compliance
- 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(OEC Representative)

Print Name: Candy Vargas

Signature: Sent by mail
(Person in Charge)

Print Name: mail