

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Mommy's Daycare      Date: 5.5.25      Time: 8:35 AM  
Location Address: 45 Dry Hill Rd      Telephone #: 203-570-9734  
e-mail address: downndencen@yahoo.com      License #: 80023      Expiration Date: 9.30.25  
Capacity: 12/2      # of Children Present: 5      # of Staff Present: 3

<b>Consent to Inspect Family Child Care Home</b>	<i>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</i>
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Purpose of visit: Follow up to 4.15.25 inspection (safe sleep / group size / physical barriers)

Observations/Corrections needed:

119(c)(3) group size - OK at inspection

120(c)(4) Physical barriers - OK at inspection

130 (g)(1) Cmb - OK at inspection

**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: N/A

Signature: \_\_\_\_\_  
(DEC Representative)  
Print Name: Lisa Mays

Signature: \_\_\_\_\_  
(Person in Charge)  
Print Name: Doreen Brown