

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mommi's Daycare Date: 7/29/25 Time: 11:58

Location Address: 45 Dry Hill Rd Telephone #: 203 570 4734

e-mail address: dawndlene@yahoo.com License #: 80023 Expiration Date: 9/30/25

Capacity: 12/12 # of Children Present: 7 # of Staff Present: 3

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: Partial inspection to 4-15-25 inspection (safe sleep group sized physical barriers)

Observations/Corrections needed:

- 119(c)(3) - Group size - OK at inspection
- 120(c)(4) Physical Barriers - OK at inspection
- (130)(g)(1) crib - pack and play sheet is too loose for infant use.

Program not in compliance when:

- (116)(b) - Children under 2 years of age were watching television

DISCUSSION

- Outdoor toys - slide and track - proper impact absorbing material & follow manufacturer guidelines

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: 8/12/25

Signature: [Signature]
(OEC Representative)
Print Name: Loungman

Signature: [Signature]
(Person in Charge)
Print Name: Doreen Brown