☐ Initial ☑ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mommy's Daycare Date: 10.7.25 Time: 755am

Location Address: 45 Dry Hill Rd Norwalk Telephone #: 203 570.9734

e-mail address: browndeneen@yahoo.com License #: 80023 Expiration Date: 9.30.29

Capacity: 12/12 # of Children Present: 3 # of Staff Present: 2

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 7/29/25 inspection on Safe Sleep.

Observations/Corrections needed:

130(g)(1) - 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: [signature]
(OEC Representative)
Print Name: Lori Mangano

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