

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Duck Pond Homes Date: 2/13/26 Time: 1:49 p

Location Address: 84 Washington Ave Hendon Telephone #: 203 281 3825

e-mail address: duckpondcare@gmail.com License #: 16031 Expiration Date: 4/30/26

Capacity: 89 # of Children Present: 30 # of Staff Present: 6

**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 \_\_\_\_\_

Purpose of visit: Safe Sleep - 3 mos partial (unannounced)

Observations/Corrections needed:

- #130 (g)(1) Under 12 mos placed on back OK
  - (g)(1) crib w/ snug mattress, tight-fitting sheet OK
  - (g)(3) no items in/on cribs - blankets, toys  
bumpers, pillows, weighted blankets, sleepers  
swaddles. OK
  - (g)(4) no unapproved sleeping arrangements  
car seats, swings, beds, floor, bed. OK
  - (g)(7) no teething necklaces, jewelry, bibs OK
- observed during nap time (5 infants)  
- compliant with all safe sleep policies.

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: Maelyn Lombardo  
Signature: [Signature]  
(Person in Charge)  
Print Name: Karen Carrano