

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Delvi Morales Date: 10/5/26 AM Time: 4/9/26

Location Address: 22 Ferris Ave Apt 6, Norwalk Telephone #: 2039523435

e-mail address: moralesety@gmail.com License #: 57131 Expiration Date: 10/31/29

Capacity: 6 or 3 # of Children Present: 4 # of Staff Present: 1

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: [Signature]

Purpose of visit: CO Monitoring Visit #2

Observations/Corrections needed:

(NS) #10) Observed completed "Family Childcare Home Checklist"
for child records. Provider has completed a monthly checklist since
effective date of consent order.

(NS) #11) Provider provided licensing specialist with a written statement indicating
she viewed and understood the video "Maintaining Compliance in Family Childcare
Homes." on 11/5/25.

(NS) #12) Provider provided licensing specialist with a written
statement indicating she read and understood the document
"Licensing Capacity For Family Childcare Homes."

(NS) #13) Observed completed daily checklists, "Maintaining Regulatory
Compliance" since January 19th 2026.

- Discussed with provider ^(P) that dates: 4/2-4/9 were missing. She
completed checklists during inspection and understand to continue
completing checklists on a daily basis.

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: Alexandra Rodriguez
Signature: [Signature]
(Person in Charge)
Print Name: Delvi Morales