

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Audry Trinidad Date: 10/15/2021 Time: 10:35am  
Location Address: 40 Fenway Dr. Hamden Ct 06517 Telephone #: 703-278-4328  
e-mail address: audrytrinidad@gmail.com License #: 55680 Expiration Date: 6/30/2023  
Capacity: 6/3 # of Children Present: 6 # of Staff Present: 0

**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: AT

Purpose of visit: Follow-up/CAP

Observations/Corrections needed:

#35 In Compliance  
#46 In Compliance  
#13 (P) There was an Appt. on 10/27/2021. Must come into Compliance when copy will be mailed to OEC.  
Day Care Area was set-up and back for services/basement. (was in process/painting at the time of my visit 9/15/2021)

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: MS CAP

Signature: [Signature]  
(OEC Representative)  
Print Name: Ms R. Galletta  
Signature: AT  
(Person in Charge)  
Print Name: Audry Trinidad