

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Audry Trinidad Date: 10/6/22 Time: 9:04a

Location Address: 40 Fenway Dr. Hamden Telephone #: 203-278-4328

e-mail address: audrytrinidad@gmail.com License #: 55680 Expiration Date: 6/30/23

Capacity: 6+3 # of Children Present: 5 # of Staff Present: 1

**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 X AT

Purpose of visit: Follow up to inspection on 9/16/22

Stairways, water temperature and body of water

Observations/Corrections needed:

- Observed ~~all~~ ^{daycare} stairways protected with a gate upstairs and
- in basement. Missing protection on basement door.
- Water temperature measured 120° F.

#31 Observed stairway / door leading to basement unprotected.

#40 Observed gate / barrier in play area still unable to close correctly. Provider purchased self closing latch. Has yet to install it.

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: 10/20/2022

Signature: Ellen Ruiz
(OEC Representative)

Print Name: Ellen Ruiz

Signature: X AT
(Person in Charge)

Print Name: Audry Trinidad