

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Audry Trinidad Date: 12/2/22 Time: 1:15 p
Location Address: 40 Fenway Dr Hamden CT Telephone #: 203-278-4328
e-mail address: audrytrinidad@gmail.com License #: 55680 Expiration Date: 6/30/23
Capacity: lot 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: Pool Follow up to inspection 10/6/2022

Observations/Corrections needed:

closing
Gate has self latch working correctly.

← NO violations observed →

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: [Signature]
(Person in Charge)