

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Claudia Rengigas Date: 10/2/23 Time: 3:31 pm  
Location Address: 107 Laurel Heights Menden CT 06451 Telephone #: 203 444 0906  
e-mail address: claudia.rengigas74@gmail.com License #: pending Expiration Date: pending  
Capacity: 12+3 # of Children Present: 1 # 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: [Signature]

Purpose of visit: Follow-up for safe exits violation cited during initial inspection on 9/28/23

Observations/Corrections needed:

#29 Specialist completed follow-up concerning safe exits for applicant's basement where she was looking to provide care. Supervisor was also present for follow-up and confirmed the main room could not be used as there is not a 2nd means of egress and contractor has confirmed no changes can be made to the window in that room. Supervisor also determined that even if the nap room is expanded and an additional door is built it is not an acceptable 2nd means of egress as it leads to another room and not the outside. The window in that room does not meet the 20" width by 24" height requirement and the contractor has already advised he can only put in a window with a 31" width by 20" height. Supervisor confirmed the basement cannot be used for care.

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: Melina Perez  
Signature: [Signature]  
(Person in Charge)  
Print Name: CLAUDIA RENGIGAS