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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Susan Trahan Date: 5/02/22 Time: 9:00 am

Location Address: 139 Gallup Hill Road Telephone #: 860-572-7257
Ledyard, CT. 06339

e-mail address: MZ.Sue@hotmail.com License #: 34802 Expiration Date: 8/31/22

Capacity: 6+3 # of Children Present: 6 # 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*** Susan Trahan

Purpose of visit: Follow-up to observe the barrier around the pool + fish pond

Observations/Corrections needed:

40. The barrier/fencing around the fish pond measured 48 inches all the way around/ The barrier around the above ground pool measured 48 to 52 inches all the way around.

100. The written Authorized prescriber/parent permission For 1 child with asthma was observed onsite and current.

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: No Cap required

Signature: Stef A Russ
(OEC Representative)
Print Name: Stef A. Russo

Signature: Susan Trahan
(Person in Charge)
Print Name: Susan Trahan