

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Violeta Vega Velasco Date: 11/14/23 Time: 12pm

Location Address: 1111 Twin Brook Rd Hamden CT 06514 Telephone #: 203 843 3177

e-mail address: violeta.vega.v@hotmail.com License #: pending Expiration Date: pending
Capacity: 10+3 # of Children Present: 0 # 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 violations found during initial inspection on 10/30/23 pertaining to the unprotected fountain in the backyard.

Observations/Corrections needed:

#39 observed a designated play area has been created with a brand new fence. The fence was measured on all sides and measures 4ft protecting/blocking access to the fountain in the backyard.

#40 observed fountain is now protected with the correction and creation of the designated play area for the children. The fence for the play area measures 4ft on all sides and is secured with a lock/key.

#1 observed flexible and balanced written schedule now posted on the wall

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] Melina Perez
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature] Violeta Vega
(Person in Charge)