

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Patricia A. Amendola Date: 3/21/24 Time: 12:05
Location Address: 4 Wellsweep Road Telephone #: 203-488-9869
e-mail address: Branford, CT. 06405

Capacity: 6+3 # of Children Present: Great Grandson License #: pending Expiration Date: pendin
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: A announced partial to observe barrier around pool and locks, and water temp.

Observations/Corrections needed:

40. Additional fencing was added at the gated area to pool. The pool barrier measured 4ft and over all the way around. A Keylock was added to 1 gated entrance to pool, and a combination lock was observed at second gated entrance.

46 The water temp was between 60-120° (117°) 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: No cap required

Signature: [Signature]
(OEC Representative)

Print Name: Stef A. Russo

Signature: [Signature]
(Person in Charge)

Print Name: Patricia Amendola

