

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cynthia Trapp Date: 6/19/24 Time: 12:35pm
Location Address: 30 Housatonic Ave Telephone #: 203645-7008
Milford, CT 06460
e-mail address: cctrapp@sbcglobal.net License #: 53603 Expiration Date: 8/31/25
Capacity: 6+3 # of Children Present: 4 # 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: Cynthia Trapp

Purpose of visit: un announced partial to observe safe sleep and supervision

Observations/Corrections needed:

- 68. The proper rest was observed during the partial inspection. 1 infant child was observed resting in a pack + play on upstairs level of home. No blanket or bib ^{were} observed inside.
- 76. The 1 infant resting was observed supervised a minimum of every 15 min during nap time.
- 81. The proper supervision was maintained during the partial inspection. The provider was observed inside the home holding 1 infant child on the main level of home and 3 children were observed resting/sleeping on upper level of home upon arrival at 12:35pm.

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: Stefano Russo
Signature: [Signature]
(Person in Charge)
Print Name: Cynthia L. Trapp

