

Initial

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nadivska Terrero Date: 3/10/25 Time: 12:45pm

Location Address: 400 Ferry BLVD Telephone #: 347-698-9314
Stratford, CT 06615

e-mail address: gemely.ducasse@yahoo.com License #: Pending Expiration Date: pending

Capacity: 6+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

Purpose of visit: Follow-up to observe pool barrier and peeling paint in the outdoor backyard playspace.

Observations/Corrections needed:

23. The peeling paint on the outdoor back porch was removed. The back porch was sanded and repainted. The paint chip sample was below the limit of toxic hazard per DPH lab results.

40. 4ft. Fencing was observed across the backyard. The fencing was secure and completely and effectively barring access to the above ground pool.

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: Nadivska Terrero

