

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

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Trinity College Comm Child Center - Life Science Date: 10/16/25 Time: 12:10 PM  
Location Address: 300 Summit Street Hartford Telephone #: 860-297-5207  
e-mail address: admin@tc4.org License #: 13443 Expiration Date: 3/31/26  
Capacity: 40 # of Children Present: 34 # of Staff Present: 11

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> Provider/Applicant/Substitute's Signature _____
--	--

Purpose of visit: Self-report 2025-1077

Observations/Corrections needed:

19a-79-3a(d)(4)(A) Administration - Medical emergency policy

Pending further review

19a-79-5a(a)(3)(A) Record Keeping - Written report

⑤ Regulation not in compliance when a copy of the injury report was given to parent four days later and not within/no later than next business day.

19a-79-4a(f)(2) Staffing - First Aid

NS Regulation in compliance when staff who rendered aid have a current First Aid certificate

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: 10/20/25

Signature: Evelyn Vicente-Quinones  
(OEC Representative)  
Print Name: Evelyn Vicente-Quinones  
Signature: KyLa Siegmann  
(Person in Charge)  
Print Name: KyLa Siegmann