

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: Adriana Tapia Date: 10/14/25 Time: 1:40 pm  
Location Address: 6 Rockdale Road Telephone #: 203 676-5830  
W. Haven, CT. 06516  
e-mail address: \_\_\_\_\_ License #: 57384 Expiration Date: 10/31/28  
Capacity: 6+3 # of Children Present: 1 # of Staff Present: 1 Provider

<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: <u><i>Adriana Tapia</i></u>
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Purpose of visit: observe additional barrier/fencing in outdoor playspace

Observations/Corrections needed:

39. A foldable panel fence was observed across the right side of home secured for an additional barrier, barring access to road when the children are outside playing. 3-5 ft fencing is observed by the road in the front side of home.

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: \_\_\_\_\_

Signature: *Stef A. Russo*  
(OEC Representative)  
Print Name: Stef A. Russo  
Signature: *Adriana Tapia*  
(Person in Charge)  
Print Name: Adriana Tapia