☐ 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 Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Susan Trahan Date: 5/01/26 Time: 1:13 pm

Location Address: 139 Gallupphill Road Ledyard, CT. Telephone #: 860-572-725

e-mail address: mz.sue2 hotmail.com License #: 34802 Expiration Date: 8/31/26

Capacity: 6 + 3 # of Children Present: 5 under 18 months # of Staff Present: 1 Provider

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*** Susan M Trahan

Purpose of visit: A Follow-up To observe outdoor playspace that was snow covered during Full Inspection on 3/03/26

Observations/Corrections needed:

39. The outdoor backyard completely fenced over 6ft playspace was observed safe and sufficient during the follow-up Inspection
The barrier around the above ground pool measured 4ft and over
The Fence barrier around the pond measured 4ft.

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: Stef A Russo
(OEC Representative)
Print Name: Stef A. Russo

Signature: Susan Trahan
(Person in Charge)
Print Name: Susan M Trahan