

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


### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Darlene S. Lundy Date: 9/20/23 Time: 10<sup>3</sup>am

Location Address: 1122 Webster Ct Newington, CT 06111-5126 Telephone #: 860 796 0275

e-mail address: darlundy@gmail.com License #: 57096 Expiration Date: 9-30-26

Capacity: 10+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 background check <sup>violation</sup> ~~violated~~ cited during full inspection on 9/7/23.

**Observations/Corrections needed:**

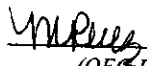
#21 Follow-up conducted with provider concerning expired background checks for herself and spouse. provider stated both her and spouse had fingerprints taken on Monday, 9/18/23. During follow-up, I did not observe any children present. Provider is aware she is unable to provide care until background checks are current.

\* provider is still working on obtaining/correcting additional violations from the inspection completed on 9/7/23.

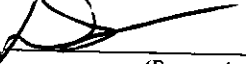
S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature:   
(OEC Representative)

Print Name: Melinda Perez

Signature:   
(Person in Charge)

Print Name: Darlene S Lundy