



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	BARBARA HALL			License Number	DCFH.16725	Date of Inspection	12/04/2023
				Expiration Date	4/30/2026	Time of Inspection	01:30 PM
Address	1 VIVIAN CT WATERFORD CT 06385-2321			Telephone	(860) 443-3528	Regular Capacity	6
				Days and Hours	MONDAY - FRIDAY 7:00AM - 5:00PM	School Age Capacity	3
# Children Present	3	# Under 18 months present	2			Summer Care	Open
Purpose of Inspection	Follow up - Infant/Toddler Restriction			Name of Inspector	Alexandra Rodriguez		
Provider's Email	bjhall57@sbcglobal.net			Inspector's Email	alexandra.rodriguez@ct.gov		

CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

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Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance		
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Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	




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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

Comments:

NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	(Printed Name)		(Printed Name)