Connecticut Office of Early Childhood

DIVISION OF LICENSING
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	HEATHER J SUPERSANO			**License Number**	DCFH.57790	**Date of Inspection**	12/20/2023
				Expiration Date	2/28/2027	**Time of Inspection**	02:58 PM
Address	109-2 BOSTON POST RD OLD LYME CT 06371-1397			**Telephone**	(860) 961-3732	**Regular Capacity**	6
				Days and Hours	Monday - Friday, 7:30 AM - 4:30 PM	**School Age Capacity**	3
# Children Present	4	**# Under 18 months present**	1			**Summer Care**	Open
Purpose of Inspection	Check cap			**Name of Inspector**	Linda Johnson Moylan		
Provider's Email	hjsupersano@sbcglobal.net			**Inspector's Email**	linda.moylan@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).*

H Sup

Signature **of** *Provider/Applicant/Substitute/Emergency Caregiver*

Violations

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

Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-9(c)]	024-Harmful Substances and Materials Inaccessible	
[19a-87b-9(o)]	051-Pets	
[19a-87b-10(b)(1)]	053-Enrollment Form	

[19a-87b-10(b)(2)]	054-Child Health Record	
[19a-87b-10(b)(3)(B)]	056-Emergency Permission Form	

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

Discussions:

Checked cap items.
Observed compliant except BCIS pending verification.

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.

Linda Moylan **(Signature of OEC Representative)**	**(Signature of OEC Representative)**	**DATE CORRECTIONS DUE BY:**	H Supersano **(Signature of Person in Charge)**
Linda Johnson Moylan **(Printed Name)**	**(Printed Name)**		HEATHER J SUPERSANO **(Printed Name)**