



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MELINDA DUMOND			License Number	DCFH.25821	Date of Inspection	02/06/2024
				Expiration Date	8/31/2026	Time of Inspection	08:51 AM
Address	31 WALNUT AVE EAST HAMPTON CT 06424-1221			Telephone	(860) 267-4804	Regular Capacity	6
				Days and Hours	M-F 7:15 AM - 4:30 PM	School Age Capacity	3
# Children Present	3	# Under 18 months present	1			Summer Care	Closed
Purpose of Inspection	Follow up to 1/9/24 snow covered playground			Name of Inspector	Evelyn Vicente-Quinones		
Provider's Email	mdumond56@yahoo.com			Inspector's Email	evelyn.vicente-quinones@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).

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	
[19a-87b-9(f)(1)]	039-Safe Space-Sufficient	

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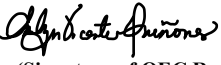

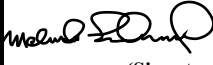
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

~ Previous visit on 1/9/24 playground was snow covered; at today's visit the playground was free from snow and any hazards.

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)
Evelyn Vicente-Quinones (Printed Name)	 (Printed Name)		MELINDA DUMOND (Printed Name)