Connecticut Office of Early Childhood

DIVISION OF LICENSING
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	PATSY LEWIS			**License Number**	DCFH.56507	**Date of Inspection**	02/09/2024
				Expiration Date	7/31/2026	**Time of Inspection**	08:59 AM
Address	24 VICTORY DR NEW HAVEN CT 06515-1250			**Telephone**	(203) 397-5255	**Regular Capacity**	6
				Days and Hours	MONDAY-FRIDAY 6:30AM TO 10:30PM, SAT & SUN as needed.	**School Age Capacity**	3
# Children Present	5	**# Under 18 months present**	3			**Summer Care**	Open
Purpose of Inspection	Follow up to check cap items			**Name of Inspector**	Linda Johnson Moylan		
Provider's Email	PATSYLEWIS2006@GMAIL.COM			**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).*

Patsy Lewis

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[19a-87b-9(h)]	046-Water Temperature	Failed to maintain safe water temperature between 60-120 degrees when it measured 130 degrees with thermometer.
[19a-87b-10(b)(2)]	054-Child Health Record	Failed to maintain child health record(s) when newly enrolled child infant form does not have all required info.
[19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	055-Immunizations	Failed to maintain complete immunization record(s) including flu shot documentation for newly enrolled infant.

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-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	019-Substitute/Assistant	
[19a-87b-9(b)]	023-Freedom of Hazards	
[19a-87b-9(c)]	024-Harmful Substances and Materials Inaccessible	

[19a-87b-9(d)(2)]	027-Safe Door Fasteners	
[19a-87b-9(d)(3)]	028-Electrical Safety	
[19a-87b-9(d)(4)]	029-Safe Exits	

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

Discussions:

Stairway storage.

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 Johnson Moylan		**DATE CORRECTIONS DUE BY:** 02/23/2024	Patsy Lewis
(Signature of OEC Representative)	**(Signature of OEC Representative)**		**(Signature of Person in Charge)**
Linda Johnson Moylan			PATSY LEWIS
(Printed Name)	**(Printed Name)**		**(Printed Name)**