



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	REBECCA BERTA		License Number	DCFH.56244	Date of Inspection	02/14/2024
			Expiration Date	1/31/2025	Time of Inspection	11:06 AM
Address	17 RUDDEN LN COLCHESTER CT 06415-2807		Telephone	(860) 908-5683	Regular Capacity	6
			Days and Hours	MON-FRI- 7:30 A.M. TO 5:00 P.M.	School Age Capacity	3
# Children Present	6	# Under 18 months present	1	Summer Care	Open	
Purpose of Inspection	Follow up to check compliance with cap items.			Name of Inspector	Linda Johnson Moylan	
Provider's Email	beckyslilsprouts@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).

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

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-9(b)]	023-Freedom of Hazards	
[19a-87b-9(d)(6)]	034-Smoke Detectors	
[19a-87b-9(d)(7)]	035-Carbon Monoxide Detector	

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

Will confirm compliance of the newly purchased used crib.

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)
Linda Johnson Moylan (Printed Name)	Linda Johnson Moylan (Printed Name)		REBECCA BERTA (Printed Name)