



## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

|                              |  |                                  |   |                          |                                      |                            |            |
|------------------------------|--|----------------------------------|---|--------------------------|--------------------------------------|----------------------------|------------|
| <b>Provider</b>              | SUMMER SANDERS                           |                                  |   | <b>License Number</b>    | DCFH.57261                           | <b>Date of Inspection</b>  | 02/23/2024 |
|                              |  |                                  |   | <b>Expiration Date</b>   | 9/30/2027                            | <b>Time of Inspection</b>  | 09:43 AM   |
| <b>Address</b>               | 633 VALLEY ST<br>NEW HAVEN CT 06515-1134 |                                  |   | <b>Telephone</b>         | (203) 389-0435                       | <b>Regular Capacity</b>    | 6          |
|                              |  |                                  |   | <b>Days and Hours</b>    | Sunday through Saturday,<br>24 HOURS | <b>School Age Capacity</b> | 3          |
| <b># Children Present</b>    | 0  | <b># Under 18 months present</b> | 0 |                          |                                      | <b>Summer Care</b>         | Open       |
| <b>Purpose of Inspection</b> | Follow up and TA                         |                                  |   | <b>Name of Inspector</b> | Linda Johnson Moylan                 |                            |            |
| <b>Provider's Email</b>      | sanders.summer@yahoo.com                 |                                  |   | <b>Inspector's Email</b> | 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-8a]              | 021-Background Check           |          |
| [19a-87b-9(b)]            | 023-Freedom of Hazards         |          |
| [19a-87b-9(d)(6)]         | 034-Smoke Detectors            |          |

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|                          |   |
|--------------------------|---|
| <b><u>YES/NO:</u> No</b> | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
|--------------------------|---|

**Discussions:**

Observed provider as work supervised in BCIS system.  
 Smoke detectors all operational.  
 Reviewed paperwork.  
 Provided technical assistance.

**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.

|   |  |   |  |
|---|--|---|--|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | <b>DATE<br/>CORRECTIONS<br/>DUE BY:</b> | <br>(Signature of Person in Charge) |
| Linda Johnson Moylan<br>(Printed Name)  | Linda Johnson Moylan<br>(Printed Name)   |   | SUMMER SANDERS<br>(Printed Name)   |