



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                              |  |                                  |   |                          |                                |                            |            |
|------------------------------|--|----------------------------------|---|--------------------------|--------------------------------|----------------------------|------------|
| <b>Provider</b>              | CARRY BRICKHOUSE   |                                  |   | <b>License Number</b>    | DCFH                           | <b>Date of Inspection</b>  | 04/10/2024 |
|                              |  |                                  |   | <b>Expiration Date</b>   |                                | <b>Time of Inspection</b>  | 01:46 PM   |
| <b>Address</b>               | 173 DANA LN<br>MERIDEN CT 06451-5092                         |                                  |   | <b>Telephone</b>         | (860) 918-3867                 | <b>Regular Capacity</b>    | 6          |
|                              |  |                                  |   | <b>Days and Hours</b>    | Monday-Friday<br>6:30AM-5:30PM | <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> | End Follow-up for Violations Cited During Initial Inspection |                                  |   | <b>Name of Inspector</b> | Melina Perez                   |                            |            |
| <b>Provider's Email</b>      | Loveandcarehomebasedccc@gmail.com                            |                                  |   | <b>Inspector's Email</b> | melina.perez@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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| <b>Other Findings-In Compliance</b> |  |  |
|-------------------------------------|--|--|

| Statute and/or Regulation | Description                    | Comments |
|---------------------------|--------------------------------|----------|
| [19a-87b-10(a)]           | 004-Capacity                   |          |
| [19a-87b-5(e)]            | 006-Infant/Toddler Restriction |          |
| [19a-87b-9(h)]            | 046-Water Temperature          |          |

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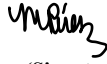

|                   |   |
|-------------------|---|
| <u>YES/NO:</u> No | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
|-------------------|---|

**Discussions:**

#46 - Water temperature was measured during today's follow-up inspection. Water temperature measured 111.6 degrees. Applicant is now in compliance with this regulation.  
 \*\*As indicated in prior follow-up inspection report from 1/23/2024; all other violations that were cited during the initial inspection were corrected and observed to be in compliance during that visit\*\*

**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) |
| Melina Perez<br>(Printed Name)  | <br>(Printed Name)                    |   | CARRY BRICKHOUSE<br>(Printed Name)   |