



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	PATSY LEWIS		License Number	DCFH.56507	Date of Inspection	07/02/2024
			Expiration Date	7/31/2026	Time of Inspection	12:55 PM
Address	24 VICTORY DR		Telephone	(203) 397-5255	Regular Capacity	6
	NEW HAVEN	CT 06515-1250	Days and Hours	MONDAY-FRIDAY 6:30AM TO 10:30PM, SAT & SUN as needed.	School Age Capacity	3
# Children Present	4	# Under 18 months present	1		Summer Care	Open
Purpose of Inspection	Confirm compliance with capacity and safe sleep		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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(c)]	Description: 005-Nontransferability

Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction
--	--

Statute and/or Regulation: [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant
---	--

Statute and/or Regulation: [19a-87b-10(c)(5)]	Description: 068-Proper Rest Provisions/Safe Cribs
--	---


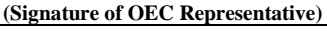

Statute and/or Regulation: [19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	Description: 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
--	---

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

DISCUSSIONS/COMMENTS

(This area is intentionally left blank for handwritten notes.)

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)	 (Printed Name)		Erron Lewis - Sub (Printed Name)