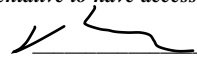




FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	KRISTYN LEARY			License Number	DCFH.54223	Date of Inspection	07/11/2024
				Expiration Date	9/30/2026	Time of Inspection	08:45 AM
Address	86 DOCKEREL RD TOLLAND CT 06084-3601			Telephone	(860) 978-0557	Regular Capacity	6
				Days and Hours	MONDAY THROUGH FRIDAY 7:00 A.M. TO 5:00 P.M.	School Age Capacity	3
# Children Present	5	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow-up for Safe Sleep.			Name of Inspector	Carmen Valenzuela		
Provider's Email	kristyn.leary@gmail.com			Inspector's Email	carmen.valenzuela@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:
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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(e)]	Description: 006-Infant/Toddler Restriction

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
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Observed pack and play with just the pad it comes with, and a fitted sheet.

Statute and/or Regulation:	Description:
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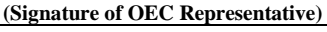

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

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)
Carmen Valenzuela (Printed Name)	 (Printed Name)		KRISTYN LEARY (Printed Name)