



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ROBYN LEE			License Number	DCFH.56293	Date of Inspection	07/17/2024
				Expiration Date	5/31/2025	Time of Inspection	02:21 PM
Address	38 LYDIA ST WATERBURY CT 06705-1112			Telephone	(203) 293-8187	Regular Capacity	6
				Days and Hours	MONDAY - FRIDAY 7:00AM - 5:30PM	School Age Capacity	3
# Children Present	3	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up for safe sleep			Name of Inspector	Jannie Thornton		
Provider's Email	robysromperroom@gmail.com			Inspector's Email	jannie.thornton@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(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	Description: 074-Crib or other Provision Free from Observable Hazards
--	--

--	--

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

--	--

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

--	--

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

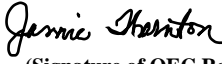

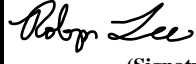
--	--

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

DISCUSSIONS/COMMENTS

Provider is in compliance with the safe regulations.
--

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 <u>MAY NOT OPERATE</u> 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)
Jannie Thornton (Printed Name)	(Printed Name)		ROBYN LEE (Printed Name)