



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	WENDY LYNCH			License Number	DCFH	Date of Inspection	07/23/2024
				Expiration Date		Time of Inspection	08:32 AM
Address	151 DAVID CIR PUTNAM CT 06260-1221			Telephone	(860) 207-6883	Regular Capacity	6
				Days and Hours	M-F 6:30 AM - 5:30 PM	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Initial Follow-up for Safe Space.			Name of Inspector	Carmen Valenzuela		
Provider's Email	Wendyssafehaven@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:
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Statute and/or Regulation:	Description:
Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-9(b)]	Description: 023-Freedom of Hazards
Observed television secured with safety strap and a bench outside blocking direct access to the pipes.	
Statute and/or Regulation: [19a-87b-9(d)(3)]	Description: 028-Electrical Safety
Observed hanging cords now secured. Not accessible.	

Statute and/or Regulation: [19a-87b-9(d)(8)]		Description: 036-Fire Extinguisher	
Observed a 5lb. 6 oz. fire extinguisher installed in child care area.			
Statute and/or Regulation: [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]		Description: 040-Body of Water	
Observed fence all around areas of access to the pool, meeting or exceeding the 48 inches in height.			
Statute and/or Regulation: [19a-87b-9(m) and/or 19a-87b-9(n)]		Description: 050-First Aid Supplies	
Observed complete first aid kit.			
Statute and/or Regulation:		Description:	
YES/NO: No		WERE VIOLATIONS CITED DURING THIS VISIT?	
DISCUSSIONS/COMMENTS			
Corrective Action Plan received today.			
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 <u>and</u> 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)		WENDY LYNCH (Printed Name)