



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	CLAUDIA LAWRENCE			License Number	DCFH.56670	Date of Inspection	07/29/2024
				Expiration Date	8/31/2027	Time of Inspection	01:18 PM
Address	16 SUNSET LN BLOOMFIELD CT 06002-1624			Telephone	(860) 951-5468	Regular Capacity	6
				Days and Hours	Monday-Friday 6:00AM-11:00PM	School Age Capacity	3
# Children Present	3	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow-Up for the Unlocked Hot Tub that was cited during Full Inspection			Name of Inspector	Melina Perez		
Provider's Email	stkitts96@gmail.com			Inspector's Email	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

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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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-9(f)(3)]	Description: 041-Hot Tubs
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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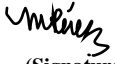

Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

41 - During today's follow-up visit the hot tub was observed to be locked as the provider has purchased and installed new locks for it. The new locks open and close via lock/key.
Provider is still working on correcting the additional violations that were previously cited during her full inspection

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)
Melina Perez (Printed Name)	 (Printed Name)		CLAUDIA LAWRENCE (Printed Name)