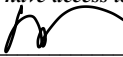




## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	KRISTYN LEARY			<b>License Number</b>	DCFH.54223	<b>Date of Inspection</b>	10/03/2024
				<b>Expiration Date</b>	9/30/2026	<b>Time of Inspection</b>	02:16 PM
<b>Address</b>	86 DOCKEREL RD TOLLAND CT 06084-3601			<b>Telephone</b>	(860) 978-0557	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MONDAY THROUGH FRIDAY 7:00 A.M. TO 5:00 P.M.	<b>School Age Capacity</b>	3
<b># Children Present</b>	6	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Partial Inspection/ Follow-up for Safe Sleep.			<b>Name of Inspector</b>	Carmen Valenzuela		
<b>Provider's Email</b>	kristyn.leary@gmail.com			<b>Inspector's Email</b>	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

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

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Statute and/or Regulation:	Description:
<b>Other Findings-Regulations In Compliance</b>	
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
Observed two pack-n- plays, both with only the pad they come with. Two children were asleep in them.	
Statute and/or Regulation:	Description:

<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>

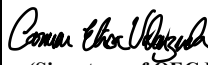

<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

In compliance at the time of this visit.

**IMPORTANT NOTES**

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- 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)		<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
<b>Carmen Valenzuela</b> (Printed Name)			<b>KRISTYN LEARY</b> (Printed Name)