




FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	STEPHANIE L SHAY		License Number	DCFH.52755	Date of Inspection	10/07/2024
			Expiration Date	6/30/2026	Time of Inspection	01:15 PM
Address	755 PADDOCK AVE MERIDEN CT 06450-7019		Telephone	(203) 630-9203	Regular Capacity	6
			Days and Hours	Monday-Friday 7AM-5PM	School Age Capacity	3
# Children Present	6	# Under 18 months present	1	Summer Care	Open	
Purpose of Inspection	Partial - Supervision		Name of Inspector	Evelyn Vicente-Quinones		
Provider's Email	stephanielynn217@sbcglobal.net		Inspector's Email	evelyn.vicente-quinones@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-8a]	Description: 021-Background Check
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Statute and/or Regulation: [19a-87b-10(i)]	Description: 081-Supervision-At All Times, Indoors/Outdoors
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In compliance at today's visit.

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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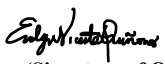

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

(This area is intentionally left blank for discussions and comments.)

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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Evelyn Vicente-Quinones (Printed Name)	 (Printed Name)		STEPHANIE L SHAY (Printed Name)