



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	LISA MAGNANO		License Number	DCFH.56644	Date of Inspection	11/12/2024
			Expiration Date	6/30/2027	Time of Inspection	09:07 AM
Address	21 RIDGE RD MIDDLETOWN CT 06457-4430		Telephone	(860) 301-3903	Regular Capacity	6
			Days and Hours	M - F 6:00 AM-5:30 PM	School Age Capacity	3
# Children Present	4	# Under 18 months present	2	Summer Care	Open	
Purpose of Inspection	Follow up for hazards in crib violation cited at full inspection on 11-1-24			Name of Inspector	Patty Tyburski	
Provider's Email	Lmag21@att.net			Inspector's Email	patricia.tyburski@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-10(f)(3) and/or 19a-87b-10(f)(7)]	Description: 074-Crib or other Provision Free from Observable Hazards
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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

Compliance was found with #74 Crib free from observable hazards. Provider now has a crib to sleep infants in and no longer is using the pack and play with an insert.

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)
Patty Tyburski (Printed Name)	 (Printed Name)		LISA MAGNANO (Printed Name)