



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	LEIGH PIZZOFERRATO			License Number	DCFH.57335	Date of Inspection	01/21/2025
				Expiration Date	3/31/2028	Time of Inspection	02:17 PM
Address	15 BARSTOW DR WETHERSFIELD CT 06109-2003			Telephone	(860) 716-5400	Regular Capacity	6
				Days and Hours	M-F 7:30-4:30 Follows school calendar	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Closed
Purpose of Inspection	Follow-up to inspection on 10/25/24 for multiple violations.			Name of Inspector	Patty Tyburski		
Provider's Email	Leelaaw@hotmail.com			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-5(e)]	Description: 006-Infant/Toddler Restriction
Statute and/or Regulation: [19a-87b-6(b)]	Description: 013-Medical Statement

Statute and/or Regulation: [19a-87b-6(c)]	Description: 014-First Aid Certificate
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Statute and/or Regulation: [19a-87b-6(c)]	Description: 015-CPR Certificate
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Statute and/or Regulation: [19a-87b-9(c)]	Description: 024-Harmful Substances and Materials Inaccessible
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Statute and/or Regulation: [19a-87b-9(d)(5)]	Description: 033-Emergency Evacuation Drills-Quarterly
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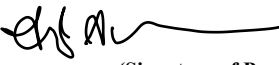
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Observed violations from full inspection conducted on 11/25/24 are now corrected.

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)		LEIGH PIZZO FERRATO (Printed Name)