



DIVISION OF LICENSING
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 Email: oc.licensing@ct.gov Website: www.ctoec.org

SUPPLEMENTAL REPORT OF INSPECTION

Program Name	ROBYN LEE				License Number	DCFH.56293	Date of Inspection	May 12, 2025
					Expiration Date	05/31/2025	Time of Inspection	10:46 am
Address	38 LYDIA ST WATERBURY, CT 06705-1112				Telephone	(203) 293-8187	Total Capacity	9
					Days and Hours	Mon-Fri 7am-5:30pm	Under Three Capacity	
#Children Present	4	# Under 3 Present	4	# Staff Present	1	Summer Care	Open	
Purpose of Visit	Annual Full Inspection				Name of Inspector	Alexandra Rodriguez		
Program's Email	robysromperroom@gmail.com				Inspector's Email	alexandra.rodriguez@ct.gov		

Consent to inspect Family Child Care Home *I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.*
Provider/Applicant/Substitute: _____

Discussions/Comments/Observations:

Addendum to Inspection on 5/12/25

Violation removed due to glitch in background check system. Provider in compliance.

021-Background Check

[19a-87b-8a]

NOTE: Operators/providers are required by statutes and regulations to be in compliance at all times.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

Alexandra Rodriguez

**DATE
CORRECTIONS**

(Signature of OEC Representative)	(Signature of OEC Representative)	DUE BY:	(Signature of Person in Charge) Emailed to provider
Alexandra Rodriguez (Printed Name)	(Printed Name)	n/a	(Printed Name)