

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Dominic Child Care Date: 7/16/25 Time: 1225

Location Address: 1050 Flanders Rd. Southington Telephone #: 860 628 4678

e-mail address: directorcc@stluke.org License #: 70791 Expiration Date: 11/30/28

Capacity: 86/44 # of Children Present: 47/31 # of Staff Present: 17

**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's Signature N/A

Purpose of visit: Follow Up Case 2025-617

Observations/Corrections needed:

(N) 19a-79-4a(d)(4)(D) - Staffing - Supervision WALK through conducted
no violations.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]
(Person in Charge)

Print Name: Wesley Mackalona