



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	SHENEEN K WILLIAMS				<b>License Number</b>	DCFH.58104	<b>Date of Inspection</b>	08/07/2025
					<b>Expiration Date</b>	11/30/2028	<b>Time of Inspection</b>	09:00 AM
<b>Address</b>	38 ATKINS AVE BRISTOL CT 06010-6434				<b>Telephone</b>	(516) 421-5617	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:00 AM – 6:30 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	0	<b>Weekend Hours</b>	No
					<b>Total children present</b>	3	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Partial Inspection for violations cited at Full and Follow Up				<b>Inspector's Name</b>	Patty Tyburski		
<b>Provider's Email</b>	SHENEENWILLIAMSMANDL@GMAIL.COM				<b>Inspector's Email</b>	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**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-6(e)]	<b>Description:</b> 016-Judgment
<b>Statute and/or Regulation:</b> [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	<b>Description:</b> 019-Substitute/Assistant

Statute and/or Regulation: [19a-87b-9(1)]	Description: 049-Safe Transportation-Registered/Insured/Restraints
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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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WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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**DISCUSSIONS/COMMENTS**

Compliance observed with Staff, Provider was present and no staff have been hired.  
 Compliance was observed with Judgement, Provider was within ratio and capacity.  
 Compliance was observed with Safe Transportation, provider is not transporting children.  
 Discussed:  
 Difference between 6+3 capacity and 9 capacity with an approved staff person on site.  
 Provider may change hours to not be open on the weekends and will notify specialist by email if there is a change.

**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. 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.**

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Patty Tyburski (Printed Name)	 (Printed Name)		SHENEEN K WILLIAMS (Printed Name)