



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	MARTINE QUERETTE				<b>License Number</b>	DCFH	<b>Date of Inspection</b>	08/14/2025
					<b>Expiration Date</b>		<b>Time of Inspection</b>	09:21 AM
<b>Address</b>	170 BRIDGEPORT AVE SHELTON CT 06484-3213				<b>Telephone</b>	(475) 343-0166	<b>Regular Capacity</b>	
					<b>Hours of Operation</b>	7:30 AM – 4:30 AM	<b>School Age Capacity</b>	
<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>	0	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow up on Corrective Action Plan				<b>Inspector's Name</b>	Rebecca LaRosa		
<b>Provider's Email</b>	mquerette25@gmail.com				<b>Inspector's Email</b>	rebecca.larosa@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).*

*Martine Querette*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

**REGULATORY VIOLATIONS**

<b>Statute and/or Regulation:</b> [19a-87b-9(b)]	<b>Description:</b> 023-Freedom of Hazards
Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when there were two open areas of the fencing in the front driveway and back play area. Barrier needed for the bottom stairway when children are outside playing.	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	<b>YES/NO:</b> Yes
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<b>DISCUSSIONS/COMMENTS</b>
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<b>IMPORTANT NOTES</b>
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- *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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Substitute/Applicant)
<b>Rebecca LaRosa</b> (Printed Name)	 (Printed Name)		<b>MARTINE QUERETTE</b> (Printed Name)