



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MICHELE SCHOLZ				License Number	DCFH.58132	Date of Inspection	09/24/2025
					Expiration Date	1/31/2029	Time of Inspection	01:17 PM
Address	48 SENTRY HILL RD MONROE CT 06468-3223				Telephone	(203) 913-5308	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	<input checked="" type="checkbox"/>	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	3	Night Hours	No
Type of Inspection	Partial for safe sleep and supervision cited at previous follow up.				Inspector's Name	Patty Tyburski		
Provider's Email	michelescholz@gmail.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-10(f)(1) and/or 19a-87b-10(f)(4)]	Description: 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
Statute and/or Regulation: [19a-87b-10(i)]	Description: 081-Supervision-At All Times, Indoors/Outdoors

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:




WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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DISCUSSIONS/COMMENTS

Discussed:
Reason for visit; being a partial for safe sleep and supervision.

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)		MICHELE SCHOLZ (Printed Name)