



**FAMILY CHILD CARE HOME – INVESTIGATION**

<b>Provider</b>	ALLISON K MARTIN		<b>License Number</b>	DCFH.57713	<b>Date of Inspection</b>	10/14/2025	
			<b>Expiration Date</b>	9/30/2026	<b>Time of Inspection</b>	10:19 AM	
<b>Address</b>	25 CORNELL RD WEST HARTFORD CT 06107-2906		<b>Telephone</b>	(860) 869-3399	<b>Regular Capacity</b>	6	
			<b>Hours of Operation</b>	7:00 AM – 5:00 PM	<b>School Age Capacity</b>	3	
<b># Children Present</b>	5	<b># Under 18 months present</b>	0	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>Purpose of Investigation</b>	Follow up		<b>Name of Inspector</b>	Lauren Hull	<b>Weekend Hours</b>	No	
<b>Provider's Email</b>	allison@theneighborsschool.com		<b>Inspector's Email</b>	lauren.hull@ct.gov	<b>Night Hours</b>	No	

***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).*

  
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 Signature of Provider/Applicant/Substitute/Emergency Caregiver

**SUBSTANTIATED VIOLATIONS OF REGULATIONS**

<b>VIOLATION</b>	<b>Statute - Regulation</b>	[-]	<b>Description:</b>	000 No Violations
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No violations were cited during this inspection

<b>VIOLATION</b>	<b>Statute - Regulation</b>	<b>Description:</b>
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**NOT SUBSTANTIATED AND/OR PENDING VIOLATIONS OF REGULATIONS**

<b>STATUS:</b> Not Substantiated	<b>Statute - Regulation</b> [19a-87b-10(i)]	<b>Description:</b> 081-Supervision-At All Times, Indoors/Outdoors
Walk through conducted. No violations.		

<b>STATUS:</b>	<b>Statute - Regulation</b>	<b>Description:</b>

<b>STATUS:</b>	<b>Statute - Regulation</b>	<b>Description:</b>




STATUS:	Statute - Regulation	Description:
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WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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**DISCUSSIONS/COMMENTS**

**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.*
- *Only regulations marked as pending, substantiated or non-substantiated were monitored or discussed.*

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Lauren Hull (Printed Name)	 (Printed Name)		ALLISON K MARTIN (Printed Name)