CONNECTICUT
Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARY BETH BROMLEY				License Number	DCFH.51100	Date of Inspection	10/28/2025
					Expiration Date	11/30/2028	Time of Inspection	01:34 PM
Address	80 HICKORY LN WATERTOWN CT 06795-1824				Telephone	(860) 274-1186	Regular Capacity	6
					Hours of Operation	7:30 AM – 5:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	No
					Total children present	6	Night Hours	No
Type of Inspection	Follow up - Capacity and background check				Inspector's Name	Alexandra Rodriguez		
Provider's Email	beezbeth@gmail.com				Inspector's Email	alexandra.rodriguez@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:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

OTHER FINDINGS-REGULATIONS IN COMPLIANCE

Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity

Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant
Observed provider alone with 6 children present.	

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

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

DISCUSSIONS/COMMENTS

Discussed with provider the following:
Provider is aware she needs to submit in person certificate portion of CPR/First Aid course and current reference letter to complete substitute application.

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)
Alexandra Rodriguez (Printed Name)	Amanda Hammons (Printed Name)		MARY BETH BROMLEY (Printed Name)