CONNECTICUT
Early Childhood

# DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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Email: oec.licensing@ct.gov Website: www.ctoec.org

## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Provider** | SARA REGINA | | | **License Number** | DCFH.45320 | **Date of Inspection** | 11/17/2025 |
| | | | | **Expiration Date** | 1/31/2029 | **Time of Inspection** | 08:45 AM |
| **Address** | 195 E HAMPTON RD<br>MARLBOROUGH CT 06447-1407 | | | **Telephone** | (860) 918-0343 | **Regular Capacity** | 6 |
| | | | | **Hours of Operation** | 7:00 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** | 0 | **Weekend Hours** | No |
| | | | | **Total children present** | 6 | **Night Hours** | No |
| **Type of Inspection** | Follow up | | | **Inspector's Name** | Jannie Thornton | | |
| **Provider's Email** | regina195@comcast.net | | | **Inspector's Email** | jannie.thornton@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).*

C. Regina

*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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| **Statute and/or Regulation:** | **Description:** |
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| Statute and/or Regulation: | Description: |
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## OTHER FINDINGS-REGULATIONS IN COMPLIANCE

| Statute and/or Regulation: [19a-87b-5(d) and/or 10(a)] | Description: 004-Capacity |
|---|---|
| | |

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

| Statute and/or Regulation: [19a-87b-10(c)(5)] | Description: 068-Proper Rest Provisions/Safe Cribs |
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| | |
| **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

**The cited violation was corrected.**

## 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.*

| Jannie Thornton (Signature of OEC Representative) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: | P. Regina (Signature of Provider/Substitute/Applicant) |
|---|---|---|---|
| Jannie Thornton (Printed Name) | (Printed Name) | | SARA REGINA (Printed Name) |