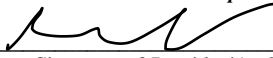


## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

|                                     |                                                 |             |  |            |                                |                          |                            |                     |      |
|-------------------------------------|-------------------------------------------------|-------------|--|------------|--------------------------------|--------------------------|----------------------------|---------------------|------|
| <b>Provider</b>                     | KRISTIN C FOLEY                                 |             |  |            | <b>License Number</b>          | DCFH.51923               | <b>Date of Inspection</b>  | 01/13/2026          |      |
|                                     |                                                 |             |  |            | <b>Expiration Date</b>         | 6/30/2026                | <b>Time of Inspection</b>  | 12:06 PM            |      |
| <b>Address</b>                      | 17A GREEN HILL RD<br>KILLINGWORTH CT 06419-2409 |             |  |            | <b>Telephone</b>               | (860) 227-1435           | <b>Regular Capacity</b>    | 6                   |      |
|                                     |                                                 |             |  |            | <b>Hours of Operation</b>      | 7:00 AM — 5:30 PM        | <b>School Age Capacity</b> | 3                   |      |
| <b>Is this a Change of Address?</b> |                                                 | <b>Yes?</b> |  | <b>No?</b> | X                              | <b>Days of Operation</b> | Mon-Fri                    | <b>Summer Hours</b> | Open |
| <b>New Address</b>                  |                                                 |             |  |            | <b># Under 18 mths present</b> | 1                        | <b>Weekend Hours</b>       | No                  |      |
|                                     |                                                 |             |  |            | <b>Total children present</b>  | 5                        | <b>Night Hours</b>         | No                  |      |
| <b>Type of Inspection</b>           | Follow up sufficient space                      |             |  |            | <b>Inspector's Name</b>        | Rebecca LaRosa           |                            |                     |      |
| <b>Provider's Email</b>             | KCFOLEY63@GMAIL.COM                             |             |  |            | <b>Inspector's Email</b>       | rebecca.larosa@ct.gov    |                            |                     |      |

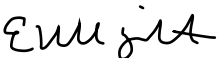
**CONSENT TO INSPECT:** I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

  
 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 wood stove and hearth were not protected.                            |                                                        |
| <b>Statute and/or Regulation:</b> [19a-87b-9(d)(4)(D)]                                                                                                                                 | <b>Description:</b> 031-Stairways: Protected/Handrails |
| Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when there was no gate barring access to the upstairs. |                                                        |
| <b>Statute and/or Regulation:</b> [19a-87b-9(f)(1)]                                                                                                                                    | <b>Description:</b> 039-Safe Space-Sufficient          |
| Provider not in compliance with ensuring sufficient indoor space when the kitchen was not being utilized as space since becoming licensed.                                             |                                                        |
| <b>Statute and/or Regulation:</b>                                                                                                                                                      | <b>Description:</b>                                    |
|                                                                                                                                                                                        |                                                        |
| <b>Statute and/or Regulation:</b>                                                                                                                                                      | <b>Description:</b>                                    |
|                                                                                                                                                                                        |                                                        |

|                                          |              |
|------------------------------------------|--------------|
| Statute<br>and/or Regulation:            | Description: |
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| Statute<br>and/or Regulation:            | Description: |
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| Statute<br>and/or Regulation:            | Description: |
|                                          |              |
| Statute<br>and/or Regulation:            | Description: |
|                                          |              |
| OTHER FINDINGS-REGULATIONS IN COMPLIANCE |              |
| Statute<br>and/or Regulation:            | Description: |
|                                          |              |
| Statute<br>and/or Regulation:            | Description: |
|                                          |              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |                                |                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 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: Yes                                                                                                                           |
| DISCUSSIONS/COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                |                                                                                                                                       |
| Bathroom is not to be used for space such as napping & activities; only use as a bathroom for toileting. Provider states she wishes to reduce capacity in the future to a capacity of 4. Discussed a notification of change to be submitted to reduce capacity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |                                |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |                                |                                                                                                                                       |
| IMPORTANT NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |                                |                                                                                                                                       |
| <ul style="list-style-type: none"><li>It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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.</li><li>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.</li><li>APPLICANTS –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</li></ul> |                                                                                                                          |                                |                                                                                                                                       |
| <br>(Signature of OEC Representative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Provider/Substitute/Applicant) |
| Rebecca LaRosa<br>(Printed Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Erin Wraight<br>(Printed Name)                                                                                           | 01/27/2026                     | KRISTIN C FOLEY<br>(Printed Name)                                                                                                     |