



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	KIM WATSON				License Number	DCFH.53355	Date of Inspection	02/19/2026
					Expiration Date	12/31/2029	Time of Inspection	08:58 AM
Address	220 THOMPSON ST STRATFORD CT 06615-6125				Telephone	(203) 683-8686	Regular Capacity	
					Hours of Operation	7:00 AM – 5:00 PM	School Age Capacity	
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sat	Summer Hours	
New Address					# Under 18 mths present	1	Weekend Hours	Yes
					Total children present	2	Night Hours	No
Type of Inspection	Follow Up inspection 2/11/2026 - Supervision				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	deinawats@yahoo.com				Inspector's Email	silvana.carreon-zegarra@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(i)]	Description: 081-Supervision-At All Times, Indoors/Outdoors
The OEC representative observed the provider and a substitute were caring the children.	
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:



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

This information is for Full inspection conducted on 2/1/26 and the Follow up inspection 2/19/26. #39 Safe Space- Outdoor Space and # 40 Body of Water were not inspected during the visit on 2/11/26 neither today due to snow/ice covered the outdoor space. Pool inspection is pending. A follow up inspection will be conducted as soon as weather permits and any violations cited at that time will need to be corrected immediately.

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)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)		KIM WATSON (Printed Name)