



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                              |                                          |                         |                       |                     |            |
|------------------------------|------------------------------------------|-------------------------|-----------------------|---------------------|------------|
| Provider                     | DONNA SWAN                               | License Number          | DCFH.20661            | Date of Inspection  | 03/03/2026 |
|                              |                                          | Expiration Date         | 8/31/2026             | Time of Inspection  | 11:47 AM   |
| Address                      | 102 TOWN ST<br>EAST HADDAM CT 06423-1423 | Telephone               | (860) 608-8943        | Regular Capacity    | 6          |
|                              |                                          | Hours of Operation      | 7:00 AM — 5:30 PM     | School Age Capacity | 3          |
| Is this a Change of Address? | Yes?                                     |                         | No?                   | X                   |            |
| New Address                  |                                          | Days of Operation       | Mon-Fri               | Summer Hours        | Open       |
|                              |                                          | # Under 18 mths present | 1                     | Weekend Hours       | No         |
| Type of Inspection           | 3 Month Follow Up for Safe Sleep         | Total children present  | 5                     | Night Hours         | No         |
|                              |                                          | Inspector's Name        | Rebecca LaRosa        |                     |            |
| Provider's Email             | easthaddam02@yahoo.com                   | Inspector's Email       | 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).

*Donna S*

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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| Statute and/or Regulation:                      | Description:                   |
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| 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:                   |
|                                          |                                |
| OTHER FINDINGS-REGULATIONS IN COMPLIANCE |                                |
| Statute<br>and/or Regulation:            | Description:                   |
| [19a-87b-5(d) and/or 10(a)]              | 004-Capacity                   |
|                                          |                                |
| Statute<br>and/or Regulation:            | Description:                   |
| [19a-87b-5(e)]                           | 006-Infant/Toddler Restriction |
|                                          |                                |

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| Statute and/or Regulation: [19a-87b-10(c)(5)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    | Description: 068-Proper Rest Provisions/Safe Cribs                     |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                        |                                                                                                                                       |
| Statute and/or Regulation: [19a-87b-10(f)(1)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    | Description: 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                        |                                                                                                                                       |
| Statute and/or Regulation: [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | Description: 074-Crib or other Provision Free from Observable Hazards  |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                        |                                                                                                                                       |
| Statute and/or Regulation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | Description:                                                           |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                        |                                                                                                                                       |
| WERE VIOLATIONS CITED DURING THIS VISIT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                        | YES/NO: No                                                                                                                            |
| DISCUSSIONS/COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                        |                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                        |                                                                                                                                       |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | DATE<br>CORRECTIONS<br>DUE BY:                                         | <br>(Signature of Provider/Substitute/Applicant) |
| Rebecca LaRosa<br>(Printed Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <br>(Printed Name) |                                                                        | DONNA SWAN<br>(Printed Name)                                                                                                          |