



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	SUSANNE REED				<b>License Number</b>	DCFH.17146	<b>Date of Inspection</b>	03/18/2026
					<b>Expiration Date</b>	5/31/2027	<b>Time of Inspection</b>	10:16 AM
<b>Address</b>	399 BROAD ST FL 2 WINDSOR CT 06095-3007				<b>Telephone</b>	(860) 877-8482	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	7:30 AM – 4:30 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	0	<b>Weekend Hours</b>	No
					<b>Total children present</b>	3	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow-Up for Outdoor Play Area that was Covered in Snow during Full Inspection				<b>Inspector's Name</b>	Melina Perez		
<b>Provider's Email</b>	SMR862@ICLOUD.COM				<b>Inspector's Email</b>	melina.perez@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).*

*Susanne Reed*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

**REGULATORY VIOLATIONS**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>

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

<b>Statute and/or Regulation:</b> [19a-87b-9(f)(1-2)]	<b>Description:</b> 039-Indoor/Outdoor Space-Safe and Sufficient
---	--

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------


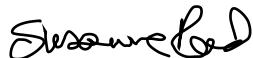
<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	<b>YES/NO:</b> No
---	-------------------

**DISCUSSIONS/COMMENTS**

Follow-up visit was completed today as specialist was unable to conduct a thorough inspection of the outdoor play area during full inspection on 2/02/2026 as it was covered in snow. Specialist was able to conduct a thorough inspection of outdoor play area today and provider was observed to be in compliance during today's visit.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Substitute/Applicant)
<b>Melina Perez</b> (Printed Name)	 (Printed Name)		<b>SUSANNE REED</b> (Printed Name)