



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	LOVELY JAMISON				License Number	DCFH.57322	Date of Inspection	03/24/2026
					Expiration Date	2/29/2028	Time of Inspection	09:56 AM
Address	446 CATHERINE ST BRIDGEPORT CT 06604-2704				Telephone	(475) 257-2223	Regular Capacity	6
					Hours of Operation	6:30 AM – 6:30 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	Yes
					Total children present	0	Night Hours	No
Type of Inspection	Follow up outdoor play area				Inspector's Name	Rebecca LaRosa		
Provider's Email	ms.lovely712@gmail.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).

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-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-6(b)]	Description: 013-Medical Statement
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Statute and/or Regulation: [19a-87b-7(a)]	Description: 017-Medical Statement
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Statute and/or Regulation: [19a-87b-9(d)(6)]	Description: 034-Smoke Detectors
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Statute and/or Regulation: [19a-87b-9(d)(7)]	Description: 035-Carbon Monoxide Detector
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WERE VIOLATIONS CITED DURING THIS VISIT?	<u>YES/NO:</u> No
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DISCUSSIONS/COMMENTS

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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)
Rebecca LaRosa (Printed Name)	 (Printed Name)		LOVELY JAMISON (Printed Name)