



**DIVISION OF LICENSING**  
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**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                                     |  |  |            |          |                                |                               |                            |                   |
|-------------------------------------|--|--|------------|----------|--------------------------------|-------------------------------|----------------------------|-------------------|
| <b>Provider</b>                     | <b>YELENA PASTERNAK</b>                                  |  |            |          | <b>License Number</b>          | <b>DCFH.56562</b>             | <b>Date of Inspection</b>  | <b>03/26/2026</b> |
|                                     |  |  |            |          | <b>Expiration Date</b>         | <b>11/30/2026</b>             | <b>Time of Inspection</b>  | <b>11:45 AM</b>   |
| <b>Address</b>                      | <b>91 PARSONS DR<br/>WEST HARTFORD<br/>CT 06117-1307</b> |  |            |          | <b>Telephone</b>               | <b>(860) 904-7037</b>         | <b>Regular Capacity</b>    | <b>6</b>          |
|                                     |  |  |            |          | <b>Hours of Operation</b>      | <b>8:30 AM – 5:00 PM</b>      | <b>School Age Capacity</b> | <b>3</b>          |
| <b>Is this a Change of Address?</b> | <b>Yes?</b>  |  | <b>No?</b> | <b>X</b> | <b>Days of Operation</b>       | <b>Mon-Fri</b>                | <b>Summer Hours</b>        | <b>Open</b>       |
| <b>New Address</b>                  |  |  |            |          | <b># Under 18 mths present</b> | <b>0</b>                      | <b>Weekend Hours</b>       | <b>No</b>         |
|                                     |  |  |            |          | <b>Total children present</b>  | <b>6</b>                      | <b>Night Hours</b>         | <b>No</b>         |
| <b>Type of Inspection</b>           | <b>Follow up to previously snow covered outdoor area</b> |  |            |          | <b>Inspector's Name</b>        | <b>Jannie Thornton</b>        |                            |                   |
| <b>Provider's Email</b>             | <b>yeeplace@gmail.com</b>                                |  |            |          | <b>Inspector's Email</b>       | <b>jannie.thornton@ct.gov</b> |                            |                   |

*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> [-]           | <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>                   |
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| <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 |
|   |  |

|   |                           |
|---|---------------------------|
| Statute and/or Regulation: [19a-87b-5(h)] | Description: 009-Photo ID |
|---|---------------------------|

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

|                            |              |
|----------------------------|--------------|
| Statute and/or Regulation: | Description: |
|----------------------------|--------------|

|                            |              |
|----------------------------|--------------|
| Statute and/or Regulation: | Description: |
|----------------------------|--------------|



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

**DISCUSSIONS/COMMENTS**

Inspected previously snow covered outdoor area. The area was found to be in compliance

**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.**

|   |                                       |                                |   |
|---|---------------------------------------|--------------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Provider/Substitute/Applicant) |
| <b>Jannie Thornton</b><br>(Printed Name)  | <br>(Printed Name)                    |                                | <b>YELENA PASTERNAK</b><br>(Printed Name)   |