



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	NICHOLE JULLIETTE JOHNSON				<b>License Number</b>	DCFH.57805	<b>Date of Inspection</b>	04/20/2026
					<b>Expiration Date</b>	3/31/2027	<b>Time of Inspection</b>	03:03 PM
<b>Address</b>	264 CHIDSEY AVE EAST HAVEN CT 06512				<b>Telephone</b>	(646) 966-8378	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	8:00 AM – 4:00 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>	0	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow-up to monitor yard				<b>Inspector's Name</b>	Melissa Lohr		
<b>Provider's Email</b>	rizewithme123@gmail.com				<b>Inspector's Email</b>	melissa.lohr@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**

<b>Statute and/or Regulation:</b>	[19a-87b-8a(a)-(f)]	<b>Description:</b>	021-Background Check
Provider not in compliance with ensuring comprehensive background check(s) have been conducted when one adult household member still has to complete a background check.			
<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

Statute and/or Regulation: [19a-87b-6(b)]	Description: 013-Medical Statement
---	------------------------------------

Statute and/or Regulation: [19a-87b-7(a)]	Description: 017-Medical Statement
---	------------------------------------

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

Statute and/or Regulation: [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	Description: 040-Body of Water
---	--------------------------------

Pool was empty at time of visit. Discussed fencing regulation with provider if she chooses to refill the pool.




WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: Yes
--	-------------

### DISCUSSIONS/COMMENTS

Provider currently has no children enrolled and works full time outside of the home. Follow-up inspection was due to the playground previously being covered with snow. Assisted provider with BCIS. Provider was able to add adult household member in need of a background check to her roster during inspection & household member requested a background check and received an applicant tracking number. Supplied provider with a list of fingerprinting locations for the rest of the month of April. Provider submitted her Corrective Action Plan. Discussed with provider if she decides to use inflatable pool in back of yard that the fence needs to be a minimum of 4ft high to prevent access. Current retractable gate measured at 2.5ft and 3ft. high. Also discussed that when children are enrolled if provider decides to use the back door to access the playground, all cleaning supplies would need to be inaccessible to children.

### 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: 05/04/2026	 (Signature of Provider/Substitute/Applicant)
Melissa Lohr (Printed Name)	 (Printed Name)		NICHOLE JULLIETTE JOHNSON (Printed Name)