



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ANGELA GRIFFIS				<b>License Number</b>	DCFH.54593	<b>Date of Inspection</b>	04/21/2026
					<b>Expiration Date</b>	9/30/2029	<b>Time of Inspection</b>	02:00 PM
<b>Address</b>	46 GEORGE ST SOUTHINGTON CT 06489-3521				<b>Telephone</b>	(860) 538-7207	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:00 AM – 3:30 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>	6	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow-up for body of water				<b>Inspector's Name</b>	Melissa Lohr		
<b>Provider's Email</b>	griffis.angela@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> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<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>	<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>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	<b>YES/NO:</b> No
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**DISCUSSIONS/COMMENTS**

Follow-up was conducted due to body of water violation during full inspection. Provider is in the process of draining the pool & should have it completed by this weekend. She stated that she had previously checked her pool's item number on the BestWay website to check for a recall and her pool was not included. Provider contacted BestWay to notify the company that her pool has the same feature as other pools included in the recall and the company has since included that item number in the recall. Provider also stated that Best Way is sending her a kit to remedy the problem. Best Way told provider that it can take up to 4-6 weeks to receive the kit. Provider will keep her pool drained in the meantime and also stated that she will place safety cones around the designated play area as an extra safety measure along with teaching the enrolled children not to go near the pool.

**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)
<b>Melissa Lohr</b> (Printed Name)	 (Printed Name)		<b>ANGELA GRIFFIS</b> (Printed Name)