



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	SHENEEN K WILLIAMS				<b>License Number</b>	DCFH.58104	<b>Date of Inspection</b>	05/07/2026
					<b>Expiration Date</b>	11/30/2028	<b>Time of Inspection</b>	01:17 PM
<b>Address</b>	38 ATKINS AVE BRISTOL CT 06010-6434				<b>Telephone</b>	(516) 421-5617	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:00 AM – 6:30 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 to inspection dated 4/14/2026				<b>Inspector's Name</b>	Rebecca LaRosa		
<b>Provider's Email</b>	SHENEENWILLIAMSMANDL@GMAIL.COM				<b>Inspector's Email</b>	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**

<b>Statute and/or Regulation:</b>	[19a-87b-10(d)(3)]	<b>Description:</b>	069-Individual Plan of Care
<p>Provider not in compliance with developing and implementing a written individual plan of care for each child with disabilities or special health care needs when care plan didn't match the medication permission form.</p>			
<b>Statute and/or Regulation:</b>		<b>Description:</b>	
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<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(j)]	Description: 011-Notification of Change
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Statute and/or Regulation: [19a-87b-9(f)(1-2)]	Description: 039-Indoor/Outdoor Space-Safe and Sufficient
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Statute and/or Regulation: [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	Description: 040-Body of Water
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Statute and/or Regulation: [19a-87b-10(b)(1)]	Description: 053-Enrollment Form
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WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: Yes
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**DISCUSSIONS/COMMENTS**

**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:  <b>05/21/2026</b>	 (Signature of Provider/Substitute/Applicant)
<b>Rebecca LaRosa</b> (Printed Name)	 (Printed Name)		<b>SHENEEN K WILLIAMS</b> (Printed Name)