

**Connecticut Office of Early Childhood**  
**Division of Licensing**  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

Initial    Unannounced Full/Partial    Follow-up    Location Change    Investigation    Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Juana Paucar Date: 10.18.23 Time: 9.30

Location Address: 486 Howard Ave Apt 1 Telephone #: 203-298-2717

e-mail address: jhaanapaucar28@ License #: Pending Expiration Date: -

Capacity: 6-3 # of Children Present: 0 # of Staff Present: 1

<b>Consent to Inspect Family Child Care Home</b>	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.</i> Provider/Applicant/Substitute's Signature <u>[Signature]</u>
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Purpose of visit: Follow Up - Initial Inspection

Observations/Corrections needed:

- S #21 Provider failed to maintain household member background check. (Need background check)
- S #23 Freedom of Hazard: fish tank accessible to children.
- NS #24 Harmful substances. in compliance.
- NS #28 Electrical safety. in compliance.
- NS #34 Smoke detector: in compliance.
- NS #39 Safe Space: in compliance - (new fence)
- NS #46 Water Temperature. in compliance (109°F)
- NS #48 Working Telephone./Emergency Number Posted. in compliance.
- NS #51 Pet. Rabies Certificate.: in compliance.
- S #66 Flexible and balanced Written Schedule.
- NS #52 Smoking Prohibited. in compliance.

S = Substantiated   NS = Not Substantiated   P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior License approval.

Signature: [Signature]  
(Person in Charge)