



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	ROSE B DECARLO		License Number	DCFH.50473	Date of Inspection	01/08/2024
			Expiration Date	1/31/2026	Time of Inspection	01:00 PM
Address	20 HILLSIDE DR EASTON CT 06612-2027		Telephone	(203) 371-8928	Regular Capacity	6
			Days and Hours	M-F 7:00 A.M. - 7:00 P.M.	School Age Capacity	3
# Children Present	7	# Under 18 months present	6		Summer Care	Open
Purpose of Inspection	Capacity of children under 18 months		Name of Inspector	Eileen Ruiz		
Provider's Email	DECARLOGREGORY@YAHOO.COM		Inspector's Email	eileen.ruiz@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

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance		
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Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	019-Substitute/Assistant	

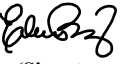
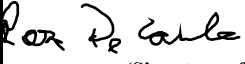
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:
Child that was extra in capacity is still in attendance until one returns from vacation. Provider is in capacity today.

Comments:

NOTE: 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.
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 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Eileen Ruiz (Printed Name)			ROSE B DECARLO (Printed Name)