



**FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL**

<b>Provider</b>	JOSETTE COLAS-LESPERANCE		<b>License Number</b>	DCFH.57517	<b>Date of Inspection</b>	01/09/2024
			<b>Expiration Date</b>	7/31/2025	<b>Time of Inspection</b>	02:18 PM
<b>Address</b>	20 NORTH ST APT 7/2 STAMFORD CT 06902-2363		<b>Telephone</b>	(203) 252-6296	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	M-F 8:00 am- 6:00 pm	<b>School Age Capacity</b>	0
<b># Children Present</b>	0	<b># Under 18 months present</b>	0		<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up-CAP		<b>Name of Inspector</b>	Candy Vargas		
<b>Provider's Email</b>	JLESPERANCE09@GMAIL.COM		<b>Inspector's Email</b>	candy.vargas@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
[19a-87b-6(c)]	014-First Aid Certificate	Failed to maintain current certificate
[19a-87b-6(c)]	015-CPR Certificate	Failed to maintain current certificate
[19a-87b-8a]	021-Background Check	Failed to maintain evidence of compliance.

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<b>Other Findings-In Compliance</b>		
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<b>Statute and/or Regulation</b>	<b>Description</b>	<b>Comments</b>
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	

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<b>YES/NO:</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**




Provider has not completed CPR/FA training. There are no children currently enrolled in the program, and the provider does not have access to BCIS.

**Comments:**

Provider was informed that outstanding items are to be completed within two weeks, if items are not completed it might lead to an office meeting with the supervisor.

**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.

**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)	<b>DATE CORRECTIONS DUE BY:</b> 01/23/2024	 (Signature of Person in Charge)
Candy Vargas (Printed Name)	Candy Vargas (Printed Name)		JOSETTE COLAS-LESPERANCE (Printed Name)