



FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	MARGARITA CRUZ			License Number	DCFH	Date of Inspection	01/19/2024
				Expiration Date		Time of Inspection	07:57 AM
Address	34 SHENFIELD ST NEW BRITAIN CT 06053-3833			Telephone	(860) 604-8247	Regular Capacity	6
				Days and Hours	M. -F 5pm. -10pm	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up egress			Name of Inspector	Eileen Ruiz		
Provider's Email	little.gemz034@gmail.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

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	No children.
[19a-87b-5(e)]	006-Infant/Toddler Restriction	No children.
[19a-87b-9(d)(4)]	029-Safe Exits	Daycare area was moved to the front of the home. The space has two egresses. Two doors/doorways.
[19a-87b-9(d)(6)]	034-Smoke Detectors	Installed in basement.
[19a-87b-9(d)(7)]	035-Carbon Monoxide Detector	Installed in basement



[19a-87b-9(h)]	046-Water Temperature	Water measured 108 degrees.
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YES/NO: No **WERE VIOLATIONS CITED DURING THIS VISIT?**

Discussions:

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.
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 Person in Charge)
Eileen Ruiz (Printed Name)	 (Printed Name)		MARGARITA CRUZ (Printed Name)