



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	LORNA DESROSIERS			<b>License Number</b>	DCFH.45329	<b>Date of Inspection</b>	02/02/2024
				<b>Expiration Date</b>	2/28/2025	<b>Time of Inspection</b>	11:15 AM
<b>Address</b>	12 COPPER DR ENFIELD CT 06082-5830			<b>Telephone</b>	(860) 614-8638	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	M- F 7am-5:15pm	<b>School Age Capacity</b>	3
<b># Children Present</b>	4	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	BCIS			<b>Name of Inspector</b>	Jenny Ferreira		
<b>Provider's Email</b>	lorandaldes@hotmail.com			<b>Inspector's Email</b>	jenny.ferreira@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-8a]	021-Background Check	Failed to ensure comprehensive background check(s) have been conducted. Failed to maintain evidence of compliance. Provider to schedule fingerprinting for all household members. Legal provided instructions to activate BCIS account and get in compliance with fingerprinting.

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**Other Findings-In Compliance**

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-10(b)(1)]	053-Enrollment Form	All enrollment forms completed.
[19a-87b-10(b)(2)]	054-Child Health Record	Child records up- to- date.
[19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(1)]	055-Immunizations	Immunization records completed.

[19a-87b-10(b)(3)(B)]	056-Emergency Permission Form	Emergency permission completed.
[19a-87b-10(b)(3)(A)]	057-Authorized Release	Authorization release completed.
[19a-87b-10(b)(3)(C) and/or 19a-87b-10(b)(3)(D)]	058-Field Trip and Transportation Permission	Field trip form completed.



**YES/NO: Yes**      **WERE VIOLATIONS CITED DURING THIS VISIT?**

**Discussions:**

Provider to schedule fingerprinting for both household members.  
Policy for medication administration.

**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)	<b>DATE CORRECTIONS DUE BY:</b> 02/16/2024	 (Signature of Person in Charge)
Jenny Ferreira (Printed Name)	 (Printed Name)		LORNA DESROSIERS (Printed Name)