



DIVISION OF LICENSING

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	YAMEL NOBOA			License Number	DCFH.56902	Date of Inspection	03/11/2024
				Expiration Date	3/31/2025	Time of Inspection	10:25 AM
Address	19 SHELDON ST WATERBURY CT 06705-1011			Telephone	(203) 519-1211	Regular Capacity	6
				Days and Hours	MONDAY- FRIDAY 24 hours	School Age Capacity	3
# Children Present	3	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Partial Safe Sleep			Name of Inspector	Alexandra Rodriguez		
Provider's Email	yamelnoboa0608@hotmail.com			Inspector's Email	alexandra.rodriguez@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).

yamel noboa

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[19a-87b-9(h)]	046-Water Temperature	Failed to maintain safe water temperature between 60-120 degrees. Water temperature read 123.9 degrees.

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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	

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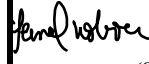
Discussions:

Discussed with provider the following: per provider's statement she hasn't used her substitute in a year and a half. Provider understands if she plans to utilize substitute current background check must be complete. Delivered sleep sacks and information on safe sleep. Discussed with provider steps if family members decide to move in. Provider understands new household members need current adult medical statements and background checks. Provider understands that she needs to submit notification of change within five days as well.

Comments:

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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: 03/25/2024	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		YAMEL NOBOA (Printed Name)