



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ARACELIS MARTE			<b>License Number</b>	DCFH	<b>Date of Inspection</b>	04/01/2024
				<b>Expiration Date</b>		<b>Time of Inspection</b>	01:35 PM
<b>Address</b>	25 BRANCH ST WATERBURY CT 06704-3627			<b>Telephone</b>	(646) 662-4874	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	6am-6pm	<b>School Age Capacity</b>	3
<b># Children Present</b>	0	<b># Under 18 months present</b>	0			<b>Summer Care</b>	
<b>Purpose of Inspection</b>	Follow up to initial inspection, pool			<b>Name of Inspector</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	Aracelis1529@hotmail.com			<b>Inspector's Email</b>	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).

*Alexandra Rodriguez*

*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-9(d)(6)]	034-Smoke Detectors	Observed operable smoke detector on each level of the home.
[19a-87b-9(d)(7)]	035-Carbon Monoxide Detector	Observed operable carbon monoxide detector on each level.
[19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	040-Body of Water	Provider removed pool prior to follow up. Observed no body of water during inspection.
[19a-87b-9(h)]	046-Water Temperature	Water temperature read at 96.9 degrees.
[19a-87b-9(m) and/or 19a-87b-9(n)]	050-First Aid Supplies	Observed thermometer inside first aid kit.

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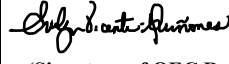
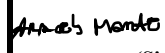
<u>YES/NO:</u> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

Discussed with provider supervision with children due to stairs for tenants living on second floor.  
 Discussed with provider children in care may not enter basement unless approved to be a licensed space by OEC.

**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>	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	Evelyn Vicente Quinones (Printed Name)		ARACELIS MARTE (Printed Name)