



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	LEORA BLAIR		<b>License Number</b>	DCFH.50527	<b>Date of Inspection</b>	04/10/2024
			<b>Expiration Date</b>	3/31/2026	<b>Time of Inspection</b>	02:55 PM
<b>Address</b>	22 ADDISON ST HARTFORD CT 06120-1101		<b>Telephone</b>	(860) 816-5955	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	24 HOUR CARE - 7 DAYS PER WEEK	<b>School Age Capacity</b>	3
<b># Children Present</b>	2	<b># Under 18 months present</b>	1		<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow-up for CPR, First Aid BCIS		<b>Name of Inspector</b>	Jenny Ferreira		
<b>Provider's Email</b>	blairleora@gmail.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-6(c)]	014-First Aid Certificate	Failed to maintain current certificate when observed certificate expired and not been renewed yet. Per provider, class to be taken next month.
[19a-87b-6(c)]	015-CPR Certificate	Failed to maintain current certificate when observed certificate expired and not been renewed yet. Per provider, class to be taken next month.
[19a-87b-8a]	021-Background Check	Failed to maintain evidence of compliance. Provider to continue working with legal to access roster.

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<b>Other Findings-In Compliance</b>		
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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	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

Restroom cleaning before night care starts.

**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> 04/24/2024	 (Signature of Person in Charge)
Jenny Ferreira (Printed Name)	(Printed Name)		LEORA BLAIR (Printed Name)