



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	AISHA ROACHER		<b>License Number</b>	DCFH.56783	<b>Date of Inspection</b>	04/15/2024
			<b>Expiration Date</b>	5/31/2024	<b>Time of Inspection</b>	10:31 AM
<b>Address</b>	22 RANSON ST APT 1 STAMFORD CT 06902-6132		<b>Telephone</b>	(203) 898-0165	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	MONDAY - FRIDAY 7:30AM TO 5:30 PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	2	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Follow up		<b>Name of Inspector</b>	Candy Vargas		
<b>Provider's Email</b>	SHERRYSMUNCHKINS@YAHOO.COM		<b>Inspector's Email</b>	candy.vargas@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).

*AR*

*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 for household member.
[19a-87b-9(d)(5)]	033-Emergency Evacuation Drills-Quarterly	Failed to practice quarterly emergency evacuation drills.

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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(f)(2)]	007-License Posted	
[19a-87b-9(d)(6)]	034-Smoke Detectors	
[19a-87b-9(d)(7)]	035-Carbon Monoxide Detector	

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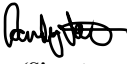


**Discussions:**

Items discussed with the provider:  
Background checks and emergency evacuation drills.

**Comments:**

Providers stated that the household member will be fingerprinted tomorrow. Two sleeping sacks delivered. Provider informed that her own children (under 12) take a space in the license capacity.

**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> 04/29/2024	 (Signature of Person in Charge)
Candy Vargas (Printed Name)	Candy Vargas (Printed Name)		AISHA ROACHER (Printed Name)