



**DIVISION OF LICENSING**

**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	LUIA J NOLASCO		<b>License Number</b>	DCFH.56146	<b>Date of Inspection</b>	05/01/2024
			<b>Expiration Date</b>	6/30/2028	<b>Time of Inspection</b>	01:10 PM
<b>Address</b>	12 OAKLEAF DR WATERBURY CT 06708-3633		<b>Telephone</b>	(203) 565-5011	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	MONDAY-FRIDAY 6:00AM-6:00PM	<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, safe sleep		<b>Name of Inspector</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	luisajnolasco@gmail.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).

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-10(a)]	004-Capacity	
[19a-87b-10(c)(5)]	068-Proper Rest Provisions/Safe Cribs	Provider dismantled and discarded crib that did not meet CSPC standards.
[19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet	Observed tightly fitted sheet in crib where infant sleeps.
[19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	074-Crib or other Provision Free from Observable Hazards	Did not observe any hazards in or on crib where infant sleeps.

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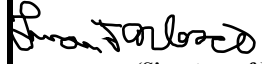
<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

Discussed with provider regulations pertaining to safe sleep requirements.

**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)	(Printed Name)		LUISA J NOLASCO (Printed Name)