



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	JO-ANN LAROCCO		License Number	DCFH.31701	Date of Inspection	05/16/2024
			Expiration Date	7/31/2027	Time of Inspection	03:30 PM
Address	469 GRAHAM ROAD		Telephone	(860) 648-1237	Regular Capacity	6
	SOUTH WINDSOR CT 06074		Days and Hours	Monday - Friday 7:15 AM to 5 PM	School Age Capacity	3
# Children Present	1	# Under 18 months present	1	Summer Care	Open	
Purpose of Inspection	Follow-up for basement supervision and safe sleep.		Name of Inspector	Carmen Valenzuela		
Provider's Email	joannlarocco6@gmail.com		Inspector's Email	carmen.valenzuela@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

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(d)(4)(A)]	Description: 030-Basement Supervision
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Statute and/or Regulation: [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	Description: 074-Crib or other Provision Free from Observable Hazards
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Statute and/or Regulation:	Description:
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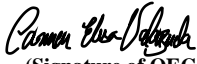


Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

In compliance at the time of this visit with basement supervision and safe sleep/ crib free of observable hazards.

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:	 (Signature of Person in Charge)
Carmen Valenzuela (Printed Name)	 (Printed Name)		JO-ANN LAROCCO (Printed Name)