



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	YAMILKA SANTANA			<b>License Number</b>	DCFH.57182	<b>Date of Inspection</b>	05/21/2024
				<b>Expiration Date</b>	4/30/2027	<b>Time of Inspection</b>	09:17 AM
<b>Address</b>	416 SAVOY ST BRIDGEPORT CT 06606-4122			<b>Telephone</b>	(917) 319-3374	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MON - FRI 6:00AM-6:00PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	6	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow Up Visit			<b>Name of Inspector</b>	Eileen Ruiz		
<b>Provider's Email</b>	yamilkasantana@hotmail.com			<b>Inspector's Email</b>	eileen.ruiz@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**

<b>Statute and/or Regulation:</b> [19a-87b-6(c)]	<b>Description:</b> 014-First Aid Certificate
Failed to maintain current certificate.	
<b>Statute and/or Regulation:</b> [19a-87b-6(c)]	<b>Description:</b> 015-CPR Certificate
Failed to maintain current certificate	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings-Regulations In Compliance</b>	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-5(j)]	<b>Description:</b> 011-Notification of Change
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Provider filled out a form notifying of changes. She states her boyfriend will not be moving into the home anymore.

<b>Statute and/or Regulation:</b> [19a-87b-9(d)(5)]	<b>Description:</b> 033-Emergency Evacuation Drills-Quarterly
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<b>Statute and/or Regulation:</b> [19a-87b-9(d)(6)]	<b>Description:</b> 034-Smoke Detectors
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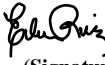

<b>Statute and/or Regulation:</b> [19a-87b-9(d)(7)]	<b>Description:</b> 035-Carbon Monoxide Detector
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<b>YES/NO:</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

The provider states her boyfriend will no longer be moving into the home. She will not be adding him as a household member. Explained that the new baby on the way will count in her capacity. During the visit the provider corrected her corrective action plan and filled out her notification of change regarding the playground renovation and household member.

**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> 06/04/2024	 (Signature of Person in Charge)
<b>Eileen Ruiz</b> (Printed Name)	(Printed Name)		<b>YAMILKA SANTANA</b> (Printed Name)