



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	JOSEFINA LUIS			<b>License Number</b>	DCFH.51429	<b>Date of Inspection</b>	05/22/2024
				<b>Expiration Date</b>	7/31/2025	<b>Time of Inspection</b>	09:14 AM
<b>Address</b>	18 BLACKMAN RD WATERBURY CT 06704-1203			<b>Telephone</b>	(203) 597-1601	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MONDAY - FRIDAY 6:30 AM - 5:00 PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	0	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up, pellet stove barrier			<b>Name of Inspector</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	josefina2054@yahoo.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*

### Regulatory Violations

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<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-9(d)(4)(D)]	Description: 031-Stairways: Protected/Handrails
Observed gate installed at stairway next to children's bathroom.	

<b>Statute and/or Regulation:</b> [19a-87b-9(d)(5)]	<b>Description:</b> 033-Emergency Evacuation Drills-Quarterly
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Provider understands she must practice and document emergency drills four times a year.

<b>Statute and/or Regulation:</b> [19a-87b-9(d)(7)]	<b>Description:</b> 035-Carbon Monoxide Detector
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Observed carbon monoxide detector installed on main floor.

<b>Statute and/or Regulation:</b> [19a-87b-9(d)(9)]	<b>Description:</b> 037-Auxilliary Heating System
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Observed certificate of inspection completed on May 1, 2024.



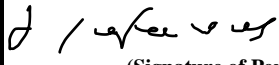
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Observed gate surrounding pellet stove at an appropriate distance to ensure safety for children.

**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)
<b>Alexandra Rodriguez</b> (Printed Name)	 (Printed Name)		<b>JOSEFINA LUIS</b> (Printed Name)