



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	MONICA J RONDON			<b>License Number</b>	DCFH	<b>Date of Inspection</b>	05/28/2024
				<b>Expiration Date</b>		<b>Time of Inspection</b>	07:47 AM
<b>Address</b>	14 BARKER ST FL 1 HARTFORD CT 06114-1815			<b>Telephone</b>	(860) 816-3543	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	M-F 5:30 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>	Initial Follow-up for safe space.			<b>Name of Inspector</b>	Carmen Valenzuela		
<b>Provider's Email</b>	monicark40@gmail.com			<b>Inspector's Email</b>	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**

<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-5(e)]	Description: 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-9(f)(1)]	<b>Description:</b> 039-Safe Space-Sufficient
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Observed outdoor area fenced in and a gate at the entrance, next to the stairs. As per applicant, children will go straight to the play area when outside. No containers with water observed today.

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<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**

Applicant working on completion of Corrective Action Plan. She will submit it, once the document is complete. Self -Declaration of Compliance with Lead Hazard Remediation/Abatement was submitted during this visit. Current rabies vaccine records were presented during this visit.

**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>Carmen Valenzuela</b> (Printed Name)	 (Printed Name)		<b>MONICA J RONDON</b> (Printed Name)