



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	LUIA J NOLASCO			<b>License Number</b>	DCFH.56146	<b>Date of Inspection</b>	05/29/2024
				<b>Expiration Date</b>	6/30/2028	<b>Time of Inspection</b>	09:00 AM
<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>	1	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Scheduled follow up; Technical Assistance			<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*

### 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:	Description:

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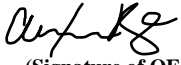

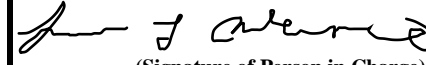
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Discussed with the provider importance of ensuring all authorized release contacts are someone other than the parent. Assisted provider in completing her corrective action plan, provider understands unannounced partial inspection will be conducted at a future date to ensure compliance.

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