



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	CELINES ROMAN		<b>License Number</b>	DCFH.53726	<b>Date of Inspection</b>	06/03/2024
			<b>Expiration Date</b>	3/31/2025	<b>Time of Inspection</b>	09:07 AM
<b>Address</b>	145 DOWNES ST		<b>Telephone</b>	(475) 559-1491	<b>Regular Capacity</b>	6
	WATERBURY	CT 06704-1002	<b>Days and Hours</b>	MONDAY-FRIDAY 6:30PM - 6:00PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	4	<b># Under 18 months present</b>	2		<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up, Safe Sleep		<b>Name of Inspector</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	celin2rom@aol.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).*

*Celines Roman*

*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:

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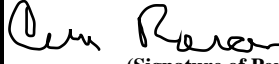
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<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

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**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)		DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)			CELINES ROMAN (Printed Name)