



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	JASMIN MARRERO			<b>License Number</b>	DCFH.57427	<b>Date of Inspection</b>	06/11/2024
				<b>Expiration Date</b>	12/31/2024	<b>Time of Inspection</b>	11:47 AM
<b>Address</b>	29 FOLS AVE MERIDEN CT 06450-2421			<b>Telephone</b>	(203) 443-0409	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MONDAY - FRIDAY 6:00AM - 5:50PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up to 5/31/24 visit			<b>Name of Inspector</b>	Evelyn Vicente-Quinones		
<b>Provider's Email</b>	Jazenid@gmail.com			<b>Inspector's Email</b>	evelyn.vicente-quinones@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(m) and/or 19a-87b-9(n)]	<b>Description:</b> 050-First Aid Supplies
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Observed missing item for first aid kit (scissors) now available with first aid kit.

<b>Statute and/or Regulation:</b> [19a-87b-10(c)(5)]	<b>Description:</b> 068-Proper Rest Provisions/Safe Cribs
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Provider assembled new bassinet for infant to sleep and rest in.

<b>Statute and/or Regulation:</b> [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	<b>Description:</b> 074-Crib or other Provision Free from Observable Hazards
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Observed infant present with no jewelry on her.

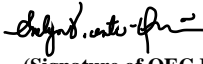


<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

~ Discussed outlet uncovered

**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>Evelyn Vicente-Quinones</b> (Printed Name)	 (Printed Name)		<b>JASMIN MARRERO</b> (Printed Name)