



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ESTHER VASSELL-ROSS		License Number	DCFH.57390	Date of Inspection	06/11/2024
			Expiration Date	10/31/2024	Time of Inspection	01:43 PM
Address	278 PASADENA PL BRIDGEPORT CT 06610-1136		Telephone	(646) 546-2038	Regular Capacity	6
			Days and Hours	MONDAY - SATURDAY 6:30AM - 6:30PM	School Age Capacity	3
# Children Present	6	# Under 18 months present	1		Summer Care	Open
Purpose of Inspection	Follow up capacity		Name of Inspector	Eileen Ruiz		
Provider's Email	esthervross@yahoo.com		Inspector's Email	eileen.ruiz@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

Statute and/or Regulation: [-]	Description: 000 No Violations
---------------------------------------	---------------------------------------

No violations were cited during this inspection

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant
---	--

--	--

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

--	--

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

--	--

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

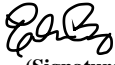

--	--

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
-------------------	---

DISCUSSIONS/COMMENTS

--

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 <u>MAY NOT OPERATE</u> 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)
Eileen Ruiz (Printed Name)	(Printed Name)		ESTHER VASSELL-ROSS (Printed Name)