



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	LUISA J NOLASCO			<b>License Number</b>	DCFH.56146	<b>Date of Inspection</b>	08/01/2024
				<b>Expiration Date</b>	6/30/2028	<b>Time of Inspection</b>	10:48 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>	5	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Multiple violations from previous inspection			<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>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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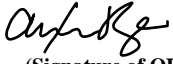
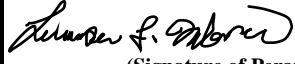
<b>Statute and/or Regulation:</b>	<b>Description:</b>

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

No violations

**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)		<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
<b>Alexandra Rodriguez</b> (Printed Name)			<b>LUISA J NOLASCO</b> (Printed Name)