



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                              |   |                                  |                          |                                |                            |            |
|------------------------------|---|----------------------------------|--------------------------|--------------------------------|----------------------------|------------|
| <b>Provider</b>              | YESENIA ROMAN                               |                                  | <b>License Number</b>    | DCFH.56544                     | <b>Date of Inspection</b>  | 08/06/2024 |
|                              |   |                                  | <b>Expiration Date</b>   | 10/31/2026                     | <b>Time of Inspection</b>  | 12:50 PM   |
| <b>Address</b>               | 148 COLONIAL AVE<br>WATERBURY CT 06704-1308 |                                  | <b>Telephone</b>         | (203) 247-7067                 | <b>Regular Capacity</b>    | 6          |
|                              |   |                                  | <b>Days and Hours</b>    | MONDAY-FRIDAY<br>6:30AM-8:00PM | <b>School Age Capacity</b> | 3          |
| <b># Children Present</b>    | 3   | <b># Under 18 months present</b> | 2                        | <b>Summer Care</b>             | Open                       |            |
| <b>Purpose of Inspection</b> | Follow up; capacity                         |                                  | <b>Name of Inspector</b> | Alexandra Rodriguez            |                            |            |
| <b>Provider's Email</b>      | yesyrogonzalez2284@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>                   |
| <b>Statute and/or Regulation:</b>               | <b>Description:</b>                   |
| <b>Statute and/or Regulation:</b>               | <b>Description:</b>                   |
| <b>Statute and/or Regulation:</b>               | <b>Description:</b>                   |

|   |                           |
|---|---------------------------|
| 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:              |
|   |                           |
| <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: |
|----------------------------|--------------|

|  |  |
|--|--|
|  |  |
|--|--|

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

|  |  |
|--|--|
|  |  |
|--|--|

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

|  |  |
|--|--|
|  |  |
|--|--|

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

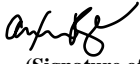
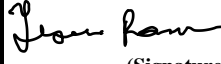
|  |  |
|--|--|
|  |  |
|--|--|

|                   |  |
|-------------------|--|
| <u>YES/NO:</u> 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 MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

|   |  |                                |  |
|---|--|--------------------------------|--|
| <br>(Signature of OEC Representative) |  | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Person in Charge) |
| Alexandra Rodriguez<br>(Printed Name)   |  |                                | YESENIA ROMAN<br>(Printed Name)  |