



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	YENNY CAROLINA ROZO ACOSTA			License Number	DCFH	Date of Inspection	08/09/2024
				Expiration Date		Time of Inspection	08:35 AM
Address	572 SOUTH ST NEW BRITAIN CT 06051-3846			Telephone	(860) 839-4851	Regular Capacity	6
				Days and Hours	7am-5pm	School Age Capacity	3
# Children Present	1	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow up			Name of Inspector	Eileen Ruiz		
Provider's Email	carolaynrozo83@gmail.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).

Yenny Carolina Rozo Acosta

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:
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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-9(d)(4)(D)]	Description: 031-Stairways: Protected/Handrails
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Hand rail is installed at hatch way egress

Statute and/or Regulation: [19a-87b-9(d)(6)]	Description: 034-Smoke Detectors
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Observed detector mounted.

Statute and/or Regulation: [19a-87b-9(d)(7)]	Description: 035-Carbon Monoxide Detector
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Observed detector mounted

Statute and/or Regulation: [19a-87b-9(d)(8)]	Description: 036-Fire Extinguisher
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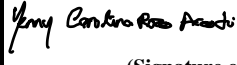
Observed 5lb ABC extinguisher in the kitchen area.

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

Upon supervisor review and approval, child care may commence in the home.

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)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Eileen Ruiz (Printed Name)	 (Printed Name)		YENNY CAROLINA ROZO ACOSTA (Printed Name)