



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SMILNA RAMON TAVERAS			License Number	DCFH	Date of Inspection	08/27/2024
				Expiration Date		Time of Inspection	02:10 PM
Address	20 CHIPMAN ST WATERBURY CT 06708-3702			Telephone	(347) 951-1094	Regular Capacity	6
				Days and Hours	Monday-Friday 6am-5pm	School Age Capacity	3
# Children Present	1	# Under 18 months present	0			Summer Care	
Purpose of Inspection	Pool Barrier			Name of Inspector	Alexandra Rodriguez		
Provider's Email	smilnaramon@icloud.com			Inspector's Email	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).

Smilna R.

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-7(a)]	Description: 017-Medical Statement
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Observed two household members with complete physical.

Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
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Observed two household members with complete and current background checks.

Statute and/or Regulation: [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	Description: 040-Body of Water
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Observed gated playground area with 4 foot barrier fence with number combination lock. Provider has created and stated she will implement supervision plan while escorting children to playground area.

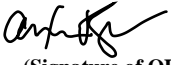

Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Provider's son was present during inspection.

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)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		SMILNA RAMON TAVERAS (Printed Name)