



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	KASANDRA E ROMERO			<b>License Number</b>	DCFH.57733	<b>Date of Inspection</b>	08/29/2024
				<b>Expiration Date</b>	10/31/2026	<b>Time of Inspection</b>	09:23 AM
<b>Address</b>	10 BIRCH RD MERIDEN CT 06451-6210			<b>Telephone</b>	(203) 465-8226	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	Monday-Friday 6:30AM-4:30PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	5	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow-Up for Pool Violation Cited During Full Inspection			<b>Name of Inspector</b>	Melina Perez		
<b>Provider's Email</b>	kasandra.romero@aol.com			<b>Inspector's Email</b>	melina.perez@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).

*Kassandra Romero*

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>
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<b>Other Findings-Regulations In Compliance</b>	
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(f)(2) and/or 19a-87b-9(f)(4)]	Description: 040-Body of Water
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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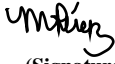
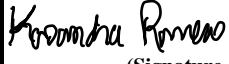
Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

# 40 - During full inspection on 8/13/2024; the provider was observed to have an above ground pool measuring only 28 inches high and without a barrier that is at least 4 feet. Compliance was observed during today's follow-up visit as the pool was observed to have been emptied and removed from the backyard.  
\*\*\*Regulation concerning bodies of water/appropriate barriers were discussed again during today's follow-up visit in addition to having to submit a Notification of Change form should she decide to install a pool again in the future\*\*\*

**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)
Melina Perez (Printed Name)	 (Printed Name)		KASANDRA E ROMERO (Printed Name)