



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ELBA NELLY RAMIREZ DE CASTILLO		<b>License Number</b>	DCFH.57501	<b>Date of Inspection</b>	09/03/2024
			<b>Expiration Date</b>	5/31/2025	<b>Time of Inspection</b>	09:40 AM
<b>Address</b>	8 HOPKINS ST WATERBURY CT 06704-3334		<b>Telephone</b>	(475) 313-4479	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	MONDAY-FRIDAY 6:00 AM- 6:00PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	4	<b># Under 18 months present</b>	1	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Follow up, capacity, immediate access to bedroom and supervision		<b>Name of Inspector</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	ELBARR088@HOTMAIL.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>
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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

<b>Statute and/or Regulation:</b> [19a-87b-10(i)]	<b>Description:</b> 081-Supervision-At All Times, Indoors/Outdoors
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<b>Statute and/or Regulation:</b> [19a-87b-10(i)(4)]	<b>Description:</b> 085-Substitute Care
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Substitute not present, provider in compliance with capacity - substitute not needed.

<b>Statute and/or Regulation:</b> [19a-87b-13]	<b>Description:</b> 093-Access
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Provider was able to provide agency with immediate access to all areas in home.

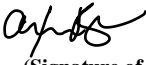


<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Observed provider alone with four children, one child under 18 months old.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
<b>Alexandra Rodriguez</b> (Printed Name)	 (Printed Name)		<b>ELBA NELLY RAMIREZ DE CASTILLO</b> (Printed Name)