



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	CELINES ROMAN		License Number	DCFH.53726	Date of Inspection	09/03/2024
			Expiration Date	3/31/2025	Time of Inspection	10:20 AM
Address	145 DOWNES ST WATERBURY CT 06704-1002		Telephone	(475) 559-1491	Regular Capacity	6
			Days and Hours	MONDAY-FRIDAY 6:30PM - 6:00PM	School Age Capacity	3
# Children Present	4	# Under 18 months present	2	Summer Care	Open	
Purpose of Inspection	Partial - Safe Sleep		Name of Inspector	Alexandra Rodriguez		
Provider's Email	celin2rom@aol.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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation:	Description:
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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:	Description:

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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Statute and/or Regulation:	Description:
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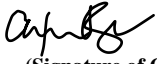


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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Provider in compliance with all safe sleep requirements/regulations.

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)		CELINES ROMAN (Printed Name)