



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	JASMIN MARRERO			<b>License Number</b>	DCFH.57427	<b>Date of Inspection</b>	09/06/2024
				<b>Expiration Date</b>	12/31/2024	<b>Time of Inspection</b>	09:47 AM
<b>Address</b>	29 FOLS AVE MERIDEN CT 06450-2421			<b>Telephone</b>	(203) 443-0409	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MONDAY - FRIDAY 6:00AM - 5:50PM	<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 inspection to 8/6/24			<b>Name of Inspector</b>	Evelyn Vicente-Quinones		
<b>Provider's Email</b>	Jazenid@gmail.com			<b>Inspector's Email</b>	evelyn.vicente-quinones@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>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
Provider has four children present and in compliance with her capacity.	
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction
Provider has 1 infant present and in compliance with her infant toddler capacity	

<b>Statute and/or Regulation:</b> [19a-87b-6(e)]	<b>Description:</b> 016-Judgment
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<b>Statute and/or Regulation:</b> [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	<b>Description:</b> 019-Substitute/Assistant
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No staff present at time of visit

<b>Statute and/or Regulation:</b> [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	<b>Description:</b> 040-Body of Water
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Observed both gates locked that lead to inground pool and Baldwins Pond; making it inaccessible to children.

<b>Statute and/or Regulation:</b> [19a-87b-10(c)(5)]	<b>Description:</b> 068-Proper Rest Provisions/Safe Cribs
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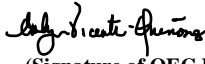


Observed pack n play for infant for napping. Infant awake during today's visit.

<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

~ Provider verbally informed OEC Representative at previous visit she was having decking redone within the next month or so. Provider notified in writing decking will be finished within the next few days. Discussed notification of change regulations with provider at today's visit again.  
~ Discussed ensuring bodies of water are inaccessible to children at all times, provider agreed that she will check daily to ensure compliance.  
~ Discussed if providers unborn baby's father or any other new person(s) move into home, notification of change will be submitted within 5 working days, background checks will be initiated and completed and in current status in BCIS, and current medical statements on file.  
~ Discussed only approved staff can work with children.  
~ Discussed ensuring regular, infant/toddler and school age capacity regulations are in compliance at all times.  
~ Discussed safe sleep regulations for infants, observed infant awake during today's visit.

**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>Evelyn Vicente-Quinones</b> (Printed Name)	 (Printed Name)		<b>JASMIN MARRERO</b> (Printed Name)