



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	NOELYA E. ROBLES		<b>License Number</b>	DCFH	<b>Date of Inspection</b>	09/12/2024
			<b>Expiration Date</b>		<b>Time of Inspection</b>	12:55 PM
<b>Address</b>	894 HIGHLAND AVE		<b>Telephone</b>	(929) 624-9807	<b>Regular Capacity</b>	6
	WATERBURY CT 06708		<b>Days and Hours</b>	7:00 - 5:30 Monday - Friday	<b>School Age Capacity</b>	3
<b># Children Present</b>	1	<b># Under 18 months present</b>	1		<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up to check corrections from initial inspection		<b>Name of Inspector</b>	Jannie Thornton		
<b>Provider's Email</b>	noelyarobles1027@gmail.com		<b>Inspector's Email</b>	jannie.thornton@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).*

*Noelya R.*

*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-5(i)]	Description: 010-Requests for Information
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Statute and/or Regulation: [19a-87b-9(b)]	Description: 023-Freedom of Hazards
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Statute and/or Regulation: [19a-87b-9(f)(1)]	Description: 039-Safe Space-Sufficient
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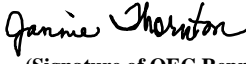


Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

Provider put safety knobs on the stove. Provider fenced the exposed areas her back yard. The corrections bring her initial inspection into compliance.

**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)
Jannie Thornton (Printed Name)	 (Printed Name)		NOELYA E. ROBLES (Printed Name)