



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	AMALIA FILOMENO			License Number	DCFH	Date of Inspection	09/16/2024
				Expiration Date		Time of Inspection	08:35 AM
Address	114 BLOOMINGDALE RD QUAKER HILL CT 06375-1336			Telephone	(860) 961-9595	Regular Capacity	6
				Days and Hours	Monday to Saturday. 6:00am to 9:50pm	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow Up 8/6/2024 inspection KI information			Name of Inspector	Silvana Carreon Zegarra		
Provider's Email	amaliafilomeno0711@gmail.com			Inspector's Email	silvana.carreon-zegarra@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
No violations were cited during this inspection	
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: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(b)]	Description: 023-Freedom of Hazards
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Statute and/or Regulation: [19a-87b-9(d)(2)]	Description: 027-Safe Door Fasteners
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Statute and/or Regulation: [19a-87b-9(d)(3)]	Description: 028-Electrical Safety
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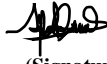


Statute and/or Regulation: [19a-87b-9(d)(4)(D)]	Description: 031-Stairways: Protected/Handrails
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

No violation found.
Discussion
The provider received 20 Potassium Iodide (KI) tablets, KI Child Medication Authorization Form, Potassium Iodide Fact Sheet for Parents, Important Information on the Use of Potassium Iodide (KI) tablets, and Safety Planning Information for Neighbors of Millstone Power State booklet.

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)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)		AMALIA FILOMENO (Printed Name)