



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	GERMANIA ESPINAL			<b>License Number</b>	DCFH.56075	<b>Date of Inspection</b>	09/16/2024
				<b>Expiration Date</b>	11/30/2027	<b>Time of Inspection</b>	12:23 PM
<b>Address</b>	393 W SPRING ST WEST HAVEN CT 06516-3140			<b>Telephone</b>	(203) 507-1343	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MON- FRI 6:00AM-6:00PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	2			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow Up - Body of Water BCIS			<b>Name of Inspector</b>	Silvana Carreon Zegarra		
<b>Provider's Email</b>	germania_espinal@aol.com			<b>Inspector's Email</b>	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).*

*S. Papinell*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

### Regulatory Violations

<b>Statute and/or Regulation:</b>	[19a-87b-7(a)]	<b>Description:</b>	017-Medical Statement
Failed to maintain current medical statement for an adult household member. The provider stated that is working with the doctor regarding the documents.			
<b>Statute and/or Regulation:</b>	[19a-87b-8a]	<b>Description:</b>	021-Background Check
Failed to ensure comprehensive background check have been conducted for a household member.			
<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
Failed to maintain a sturdy fence/barrier 4 feet high. The pool does not have fence. The height of half the pool is 44" to 48" while the other half is 52 inches. The deck's fence is 39 inches high.			
<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:	Description:
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<b>YES/NO:</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

The provider was provided with address and day to get fingerprints for a household member. She is aware that the household member needs to create a BCIS account. The provided was informed that OEC will give her one week to obtain the release form from the doctor or the adult medical statement for child care. Due date for the complete form 9/23/24.

**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 Person in Charge)
Silvana Carreon Zegarra (Printed Name)	GERMANIA ESPINAL (Printed Name)