




**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	SONIA ROBLES			<b>License Number</b>	DCFH.56092	<b>Date of Inspection</b>	09/23/2024
				<b>Expiration Date</b>	6/30/2026	<b>Time of Inspection</b>	01:29 PM
<b>Address</b>	596 BURNSIDE AVE EAST HARTFORD CT 06108-3538			<b>Telephone</b>	(860) 466-9233	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MONDAY TO SATURDAY 6:00 AM-6:00 PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	8	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up Day 2			<b>Name of Inspector</b>	Eileen Ruiz		
<b>Provider's Email</b>	roblessonia208@gmail.com			<b>Inspector's Email</b>	eileen.ruiz@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).

  
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 Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Regulatory Violations**

<b>Statute and/or Regulation:</b>	[19a-87b-10(b)(2)]	<b>Description:</b>	054-Child Health Record
Failed to maintain complete child health record(s) for one child enrolled.			
<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-6(a)]	Description: 012-Awareness of/Understanding of Regulations
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Statute and/or Regulation: [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant
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Present today is DCFS.91541	
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Statute and/or Regulation: [19a-87b-9(d)(6)]	Description: 034-Smoke Detectors
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Statute and/or Regulation: [19a-87b-9(d)(7)]	Description: 035-Carbon Monoxide Detector
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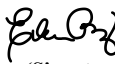

<u>YES/NO:</u> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>DISCUSSIONS/COMMENTS</b>
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**This is Day 2 inspection.**  
**One child enrolled had special needs indicated on their exam, no medications needed, an individual care plan was attached to their file but it was blank. Discussed with provider how to use it and to file it. One child was missing phone number for physician but had the address and name. Discussed to put a contract down.**  
**Any asthma medication no longer needed in the program should be returned to the parent.**

<b>IMPORTANT NOTES</b>
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- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *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: <b>10/07/2024</b>	  (Signature of Person in Charge)
<b>Eileen Ruiz</b> (Printed Name)	 (Printed Name)		<b>SONIA ROBLES</b> (Printed Name)