



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARTHA A JIMENEZ			License Number	DCFH.57325	Date of Inspection	09/25/2024
				Expiration Date	3/31/2028	Time of Inspection	11:18 AM
Address	9 FRENCH AVE EAST HAVEN CT 06512-3315			Telephone	(475) 209-6959	Regular Capacity	6
				Days and Hours	Monday-Friday 5AM-10PM	School Age Capacity	3
# Children Present	5	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow-up for Pool Violation Cited During Full Inspection			Name of Inspector	Melina Perez		
Provider's Email	matujj09@hotmail.com			Inspector's Email	melina.perez@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(f)(2) and/or 19a-87b-9(f)(4)]	Description: 040-Body of Water
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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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

****The following was observed during today's follow-up visit:**
40 - The fence that encloses the pool area was observed to be locked during today's follow-up visit.
**Provider was observed to be in compliance during today's visit

IMPORTANT NOTES

- 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:	 (Signature of Person in Charge)
Melina Perez (Printed Name)	 (Printed Name)		MARTHA A JIMENEZ (Printed Name)