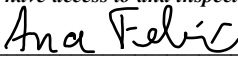




FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	GERMANIA ESPINAL			License Number	DCFH.56075	Date of Inspection	10/30/2024
				Expiration Date	11/30/2027	Time of Inspection	11:27 AM
Address	393 W SPRING ST WEST HAVEN CT 06516-3140			Telephone	(203) 507-1343	Regular Capacity	6
				Days and Hours	MON- FRI 6:00AM-6:00PM	School Age Capacity	3
# Children Present	2	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow Up Body of Water, BCIS			Name of Inspector	Silvana Carreon Zegarra		
Provider's Email	germania_espinal@aol.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: [19a-87b-8a]	Description: 021-Background Check
Failed to ensure comprehensive background check have been conducted for an household holder	
Statute and/or Regulation: [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	Description: 040-Body of Water
Failed to maintain a sturdy fence/barrier 4 feet high. Observed the 2 fences in different play areas. The fences's doors do not have 4 feet's. One of the door is 41 1/2 inches and the other 49 1/2 inches.	
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

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Statute and/or Regulation:	Description:
Other Findings-Regulations In Compliance	
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

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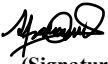


YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

The substitute Ana Felix de Jimenez Lic :91460 authorized the inspection while the provider was in an appointment. The provider arrived 10 minutes later.
 Pending correction Number: 40. Body of Water, 21, background checks, and 17 adult medical statement.
 The provider informed that she will work with BCIS department to request a waiver.

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: 11/13/2024	 (Signature of Person in Charge)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)		GERMANIA ESPINAL (Printed Name)