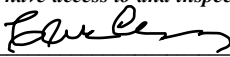




## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	TERESA CAMARENA			<b>License Number</b>	DCFH.53049	<b>Date of Inspection</b>	11/14/2024
				<b>Expiration Date</b>	2/28/2027	<b>Time of Inspection</b>	09:50 AM
<b>Address</b>	142 TREMONT ST APT 1 NEW BRITAIN CT 06051-1119			<b>Telephone</b>	(860) 218-7880	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	M-F 7:00a-5:00p	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up			<b>Name of Inspector</b>	Eileen Ruiz		
<b>Provider's Email</b>	teresa_camarena@yahoo.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).

  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

### Regulatory Violations

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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Statute and/or Regulation:	Description:
<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

<b>Statute and/or Regulation:</b> [19a-87b-6(c)]	<b>Description:</b> 014-First Aid Certificate
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<b>Statute and/or Regulation:</b> [19a-87b-6(c)]	<b>Description:</b> 015-CPR Certificate
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<b>Statute and/or Regulation:</b> [19a-87b-9(d)(5)]	<b>Description:</b> 032-Emergency Plan
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Verified plan is in place.

<b>Statute and/or Regulation:</b> [19a-87b-9(d)(5)]	<b>Description:</b> 033-Emergency Evacuation Drills-Quarterly
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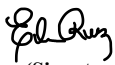
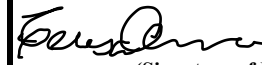
Verified drills are now logged.

<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
<b>Eileen Ruiz</b> (Printed Name)	(Printed Name)		<b>TERESA CAMARENA</b> (Printed Name)