



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

Provider	JHASMINA WILLIAMS			License Number	DCFH.57463	Date of Inspection	01/06/2025
				Expiration Date	1/31/2029	Time of Inspection	08:36 AM
Address	37 CAROLINA RD BRISTOL CT 06010-5541			Telephone	(860) 960-9007	Regular Capacity	6
				Days and Hours	Mon. - Fri. 6:30 a.m. - 9 p.m.	School Age Capacity	3
# Children Present	7	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow Up for violations cited at full inspection conducted on October 28th, 2024			Name of Inspector	Patty Tyburski		
Provider's Email	jhasmina_williams@outlook.com			Inspector's Email	patricia.tyburski@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-10(a)]	Description:	004-Capacity
Failed to maintain licensed capacity, when provider was caring for 7 children without her approved staff.			
Statute and/or Regulation:	[19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description:	019-Substitute/Assistant
Failed to ensure staff was available to assist the provider, when it was observed upon arrival that provider was working alone with 7 children. Provider stated that her substitute was due to work at 8 a.m. and was running late.			
Statute and/or Regulation:	[19a-87b-9(d)(6)]	Description:	034-Smoke Detectors
Failed to maintain operable smoke detectors on each occupied level of the home, observed while testing that smoke detector in the basement is still not working and smoke detector on main level of the home is now not working.			
Statute and/or Regulation:	[19a-87b-9(m) and/or 19a-87b-9(n)]	Description:	050-First Aid Supplies
Failed to maintain a complete first aid kit, did not observe sterile 2 inch rolled gauze bandages.			
Statute and/or Regulation:	[19a-87b-10(b)(2)]	Description:	054-Child Health Record
Failed to maintain current child health record(s), observed 1 enrolled child still without a current physical.			

<b>Statute and/or Regulation:</b> [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	<b>Description:</b> 055-Immunizations
<p>Failed to maintain current immunization record(s), observed 2 enrolled children still without up o date immunization records. . Failed to maintain immunization record(s), did not observe proof of flu vaccination for 3 enrolled present at program.</p>	
<b>Statute and/or Regulation:</b> [19a-87b-10(g)]	<b>Description:</b> 078-Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disposal
<p>Failed to wash hands after diaper changing, did not observe substitute wash her hands with soap and water after changing a diaper. . Failed to wash the child's hands after diapering, did not observe substitute wash the child's after changing diaper.</p>	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction
<b>Statute and/or Regulation:</b> [19a-87b-6(c)]	<b>Description:</b> 014-First Aid Certificate

Statute and/or Regulation: [19a-87b-6(c)]	Description: 015-CPR Certificate
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Statute and/or Regulation: [19a-87b-9(c)]	Description: 024-Harmful Substances and Materials Inaccessible
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Statute and/or Regulation: [19a-87b-9(d)(5)]	Description: 033-Emergency Evacuation Drills-Quarterly
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Statute and/or Regulation: [19a-87b-9(h)]	Description: 046-Water Temperature
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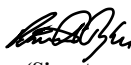

YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

*(This area is intentionally left blank for handwritten notes.)*

**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 Person in Charge)	DATE CORRECTIONS DUE BY: 01/20/2025
<b>Patty Tyburski</b> (Printed Name)	<b>JHASMINA WILLIAMS</b> (Printed Name)	