



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ROSSY PORTES			License Number	DCFH.57118	Date of Inspection	01/22/2025
				Expiration Date	11/30/2026	Time of Inspection	09:38 AM
Address	29 2ND AVE APT 3 WATERBURY CT 06710-2240			Telephone	(203) 419-6995	Regular Capacity	6
				Days and Hours	MONDAY-FRIDAY 6:30AM-12:00AM	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up- heat			Name of Inspector	Alexandra Rodriguez		
Provider's Email	rossyelizabeth_512@hotmail.com			Inspector's Email	alexandra.rodriguez@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).

Rossy Portes

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(g)]	Description: 042-Ventilation/Light/Temperature
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Provider in compliance, observed heat turned on in home.

Statute and/or Regulation: [19a-87b-9(h)]	Description: 046-Water Temperature
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Licensing specialist measure water temperature which read 109 degrees fahrenheit

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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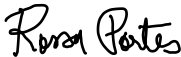
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

(This section is currently blank for discussions and 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 Person in Charge)	DATE CORRECTIONS DUE BY:
Alexandra Rodriguez (Printed Name)	ROSSY PORTES (Printed Name)	