



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	IRMA N SANTOME			<b>License Number</b>	DCFH.56434	<b>Date of Inspection</b>	02/05/2025
				<b>Expiration Date</b>	2/28/2026	<b>Time of Inspection</b>	04:15 PM
<b>Address</b>	32 MERRILL ST HARTFORD CT 06106-2912			<b>Telephone</b>	(860) 655-2492	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	SUNDAY-FRIDAY 24 HOUR CARE	<b>School Age Capacity</b>	3
<b># Children Present</b>	6	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow-up for Safe Sleep			<b>Name of Inspector</b>	Carmen Valenzuela		
<b>Provider's Email</b>	jckdaycare@yahoo.com			<b>Inspector's Email</b>	carmen.valenzuela@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>
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<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-10(f)(1) and/or 19a-87b-10(f)(4)]	<b>Description:</b> 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>DISCUSSIONS/COMMENTS</b>
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Approved staff present during visit. Credential # 92726.  
 No violations to the regulations observed during this visit.

<b>IMPORTANT NOTES</b>
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- *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>Carmen Valenzuela</b> (Printed Name)	 (Printed Name)		<b>IRMA N SANTOME</b> (Printed Name)