



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SOSKIA BROWN-COX				License Number	DCFH.57853	Date of Inspection	02/27/2025
					Expiration Date	6/30/2027	Time of Inspection	12:33 PM
Address	74 JARDON ST TORRINGTON CT 06790-3204				Telephone	(845) 705-9868	Regular Capacity	6
					Hours of Operation	6:30 AM 5:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	No
					Total children present	6	Night Hours	No
Type of Inspection	Follow up to check capacity				Inspector's Name	Jannie Thornton		
Provider's Email	Blessedangelsnursery@gmail.com				Inspector's Email	jannie.thornton@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-9(h)]	Description:	046-Water Temperature
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Failed to maintain safe water temperature between 60-120 degrees, when water was tested at 136.2.

Statute and/or Regulation:		Description:	
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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-17(b)(4)]	Description: 101-MAR Maintained
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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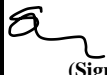
<u>YES/NO:</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Provider was within her licensed capacity today.

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: 03/13/2025	 (Signature of Provider/Substitute/Applicant)
Jannie Thornton (Printed Name)	 (Printed Name)		SOSKIA BROWN-COX (Printed Name)