



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	JAZMIN REYES				<b>License Number</b>	DCFH.57816	<b>Date of Inspection</b>	04/29/2025
		<b>Expiration Date</b>	4/30/2027	<b>Time of Inspection</b>	09:30 AM			
<b>Address</b>	169 MANSFIELD AVE WATERBURY CT 06705-1613				<b>Telephone</b>	(939) 489-8206	<b>Regular Capacity</b>	6
		<b>Hours of Operation</b>	6:00 AM 6:00 PM	<b>School Age Capacity</b>	3			
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>		<b># Under 18 mths present</b>	4	<b>Weekend Hours</b>	No			
		<b>Total children present</b>	4	<b>Night Hours</b>	No			
<b>Type of Inspection</b>	New household member verification				<b>Inspector's Name</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	Jazzplacido@gmail.com				<b>Inspector's Email</b>	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).*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

**REGULATORY VIOLATIONS**

<b>Statute and/or Regulation:</b> [19a-87b-5(j)]	<b>Description:</b> 011-Notification of Change
Regulation was not in compliance when the Office was not notified about four new household members living in basement apartment as of 4/9/25.	
<b>Statute and/or Regulation:</b> [19a-87b-7(a)]	<b>Description:</b> 017-Medical Statement
Regulation was not in compliance when medical statements of two new household members were not complete and available.	
<b>Statute and/or Regulation:</b> [19a-87b-8a]	<b>Description:</b> 021-Background Check
Regulation was not in compliance when a comprehensive background check is not in current status for one household member.	
<b>Statute and/or Regulation:</b> [19a-87b-10(b)(2)]	<b>Description:</b> 054-Child Health Record
Failed to maintain child health records of two new household members residing in basement apartment since 4/9/25.	
<b>Statute and/or Regulation:</b> [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	<b>Description:</b> 055-Immunizations
Failed to maintain immunization records of two new household members residing in basement apartment since 4/9/25.	

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-6(b)]	<b>Description:</b> 013-Medical Statement

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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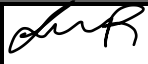
<b>YES/NO:</b>	<b>Yes</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>DISCUSSIONS/COMMENTS</b>
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Discussed with provider the importance of ensuring agency is notified within five business days of any changes in the home including new household members.  
 Provider understands any new tenants must have a current background check and current adult medical statement or current child health assessment and immunization record upon moving in.  
 Provider understands agency is required to have immediate access to all parts of the home including apartment in basement. Provider understands she must have copies of the keys for apartment in basement in case tenant is not home in order to provide access to the agency.  
 Discussed with provider importance of ensuring she maintains licensed capacity at all times. Agency was informed two children ages 1 years old and 3 years old reside in apartment in basement. Provider understands that those children count as part of her capacity and under 3 toddler restriction as well.

<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. Providers are required by statutes and regulations to be in compliance at all times.*
- *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: <b>05/13/2025</b>	 (Signature of Provider/Substitute/Applicant)
<b>Alexandra Rodriguez</b> (Printed Name)	 (Printed Name)		<b>JAZMIN REYES</b> (Printed Name)