



**DIVISION OF LICENSING**  
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 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ESTHER VASSELL-ROSS				<b>License Number</b>	DCFH.57390	<b>Date of Inspection</b>	05/20/2025
					<b>Expiration Date</b>	10/31/2028	<b>Time of Inspection</b>	09:36 AM
<b>Address</b>	278 PASADENA PL BRIDGEPORT CT 06610-1136				<b>Telephone</b>	(646) 546-2038	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:30 AM 6:30 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Sat	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	2	<b>Weekend Hours</b>	Yes
					<b>Total children present</b>	5	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow up to inspection dated 5/16/2025 for capacity				<b>Inspector's Name</b>	Rebecca LaRosa		
<b>Provider's Email</b>	esthervross@yahoo.com				<b>Inspector's Email</b>	rebecca.larosa@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-8a]	<b>Description:</b>	021-Background Check
Regulation was not in compliance when a comprehensive background check(s) have been conducted or process even started for household member who is also an approved substitute. Provider stated per medical reasons she will not being using household member as her substitute.			
<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-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-13]	Description: 093-Access
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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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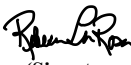


YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

Provider in compliance with capacity as she had 5 children with 2 under 18 months. Provider states that due to her substitutes medical state she is looking for another approved substitute. Provider has notified 2 of her parents that she would be unable to accept them for care for at least 2 weeks until another approved substitute is in place.

**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. 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: 06/03/2025	 (Signature of Provider/Substitute/Applicant)
Rebecca LaRosa (Printed Name)	 (Printed Name)		ESTHER VASSELL-ROSS (Printed Name)