



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	TARSIS L OBANDO				<b>License Number</b>	DCFH.57582	<b>Date of Inspection</b>	09/04/2025
					<b>Expiration Date</b>	12/31/2025	<b>Time of Inspection</b>	01:54 PM
<b>Address</b>	186 FANNING ST WATERBURY CT 06704-2227				<b>Telephone</b>	(862) 621-7724	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	6:00 AM – 5:00 PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Fri	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	0	<b>Weekend Hours</b>	No
					<b>Total children present</b>	2	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow up - supervision trampoline				<b>Inspector's Name</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	Tarsisobando@hotmail.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-6(c)]	<b>Description:</b> 014-First Aid Certificate
--	---

Provider not in compliance with maintaining a current first aid certificate when observed it to be expired.

<b>Statute and/or Regulation:</b> [19a-87b-6(c)]	<b>Description:</b> 015-CPR Certificate
--	---

Provider not in compliance with maintaining a current CPR certificate when observed it to be expired.

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<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

<b>Statute and/or Regulation:</b> [19a-87b-10(i)]	<b>Description:</b> 081-Supervision-At All Times, Indoors/Outdoors
---	--

Observed provider providing adequate children during inspection.

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------


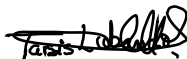
<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	<b>YES/NO:</b> Yes
---	--------------------

**DISCUSSIONS/COMMENTS**

Discussed with provider the importance of maintaining a current first aid and cpr certificate when caring for children enrolled. Provider understands only approved staff with a current first aid and cpr may administer first aid and cpr on children.

**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 Provider/Substitute/Applicant)	<b>DATE CORRECTIONS DUE BY:</b>  09/18/2025	
<b>Alexandra Rodriguez</b> (Printed Name)	 (Printed Name)		<b>TARSIS L OBANDO</b> (Printed Name)