




**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	ROSELINA DE LA CRUZ				<b>License Number</b>	DCFH.55405	<b>Date of Inspection</b>	04/23/2026
					<b>Expiration Date</b>	7/31/2026	<b>Time of Inspection</b>	01:49 PM
<b>Address</b>	153 ADELAIDE ST FL 1 HARTFORD CT 06114-1875				<b>Telephone</b>	(860) 970-1154	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	7:30 AM – 5:30 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>	0	<b>Weekend Hours</b>	No
					<b>Total children present</b>	0	<b>Night Hours</b>	No
<b>Type of Inspection</b>	Follow-up Inspection for Playground Snow Covered				<b>Inspector's Name</b>	Jenny Ferreira		
<b>Provider's Email</b>	delacruzroselina@yahoo.com				<b>Inspector's Email</b>	jenny.ferreira@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>
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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>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>

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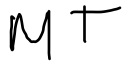
<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	<b>YES/NO:</b> <b>No</b>
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**DISCUSSIONS/COMMENTS**

**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)		<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Substitute/Applicant)
<b>Jenny Ferreira</b> (Printed Name)			<b>ROSELINA DE LA CRUZ</b> (Printed Name)