



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ANDRE JOSEPH				License Number	DCFH.57698	Date of Inspection	05/15/2026
					Expiration Date	8/31/2026	Time of Inspection	02:00 PM
Address	6 ELM TER STRATFORD CT 06615-6931				Telephone	(203) 212-4636	Regular Capacity	6
					Hours of Operation	6:00 AM – 8:00 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	0	Weekend Hours	No
					Total children present	4	Night Hours	No
Type of Inspection	Follow-Up inspection 4/30/2025 CAP				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	Andre@josephsupportservices.com				Inspector's Email	silvana.carreon-zegarra@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-17(b)(3)]	Description:	100-Written Authorized Prescriber/Parent Permission
Provider not in compliance with maintaining a written order from prescriber for medication when the OEC representative observed that Zyrtec authorization form expired on 3/6/26			
Statute and/or Regulation:		Description:	
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OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-6(b)]	Description: 013-Medical Statement

Statute and/or Regulation: [19a-87b-9(c)]	Description: 024-Harmful Substances and Materials Inaccessible
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Statute and/or Regulation: [19a-87b-9(d)(5)]	Description: 033-Emergency Evacuation Drills-Quarterly
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Statute and/or Regulation: [19a-87b-9(d)(6)]	Description: 034-Smoke Detectors
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Statute and/or Regulation: [19a-87b-10(b)(1)]	Description: 053-Enrollment Form
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WERE VIOLATIONS CITED DURING THIS VISIT?	<u>YES/NO:</u> Yes
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DISCUSSIONS/COMMENTS

The provider reviewed his previous corrective action plan and understands better the violations. He will complete the corrective action plan again and submit it. He printed the current EPI-PEN authorization form during the visit.

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: 05/29/2026	 (Signature of Provider/Substitute/Applicant)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)		ANDRE JOSEPH (Printed Name)