



FAMILY CHILD CARE HOME – INVESTIGATION

Provider	ROSA ALMAZAN			License Number	DCFH.57674	Date of Inspection	01/05/2024
				Expiration Date	7/31/2026	Time of Inspection	01:33 PM
Address	82 TAIT RD TRUMBULL CT 06611-3844			Telephone	(203) 400-1232	Regular Capacity	6
				Days and Hours	Monday - Friday 6:00AM - 10:00PM	School Age Capacity	3
# Children Present	5	# Under 18 months present	1			Summer Care	Open
Purpose of Investigation	FU 2024-3			Name of Inspector	Carlos Albizu		
Provider's Email	Brightblessingshdc@gmail.com			Inspector's Email	carlos.albizu@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

Violations

Statute and/or Regulation	Description	Comments
[19a-87b-6(e)]	016-Judgment	Failed to demonstrate good judgment about supervision and safety when a 6 month old was sleeping with a blanket.
[19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	074-Crib or other Provision Free from Observable Hazards	Provider failed to ensure no items are placed with an infant in a crib when a 6 month old child was sleeping with a blanket.

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Other Findings- In Compliance or Pending		
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Statute and/or Regulation	Description	Comments




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<u>YES/NO:</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions

Comments
Discussed safe sleep.

NOTE: 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.
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: 01/19/2024	 (Signature of Person in Charge)
Carlos Albizu (Printed Name)	(Printed Name)		ROSA ALMAZAN (Printed Name)