



FAMILY CHILD CARE HOME – INVESTIGATION

Provider	ROSA ALMAZAN			License Number	DCFH.57674	Date of Inspection	01/09/2024
				Expiration Date	7/31/2026	Time of Inspection	01:00 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	3	# Under 18 months present	1			Summer Care	Open
Purpose of Investigation	Follow up safe sleep and capacity.			Name of Inspector	Eileen Ruiz		
Provider's Email	Brightblessingshdc@gmail.com			Inspector's Email	eileen.ruiz@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
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings- In Compliance or Pending

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	Substitute within capacity at visit.
[19a-87b-5(e)]	006-Infant/Toddler Restriction	Substitute within capacity at visit.
[19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	074-Crib or other Provision Free from Observable Hazards	Infant found sleeping as recommended by guidelines. No Blanket. Fitted mattress.

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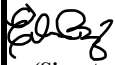


<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions

Provider was not home. Substitute was present. DCFS.92148 Substitute explains the provider stepped out to take her son to a doctor's appointment.

Comments

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:	 (Signature of Person in Charge)
Eileen Ruiz (Printed Name)	Eileen Ruiz (Printed Name)		ROSA ALMAZAN (Printed Name)