



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	DISMANIA RODRIGUEZ DEHOLGUIN		License Number	DCFH.57452	Date of Inspection	02/01/2024
			Expiration Date	12/31/2024	Time of Inspection	12:50 PM
Address	1119 E MAIN ST FL 1 WATERBURY CT 06705-1040		Telephone	(203) 592-3492	Regular Capacity	6
			Days and Hours	MONDAY-FRIDAY 24 hours	School Age Capacity	3
# Children Present	2	# Under 18 months present	1	Summer Care	Open	
Purpose of Inspection	Follow up , safe sleep mattress in crib			Name of Inspector	Alexandra Rodriguez	
Provider's Email	dismaniar19@gmail.com			Inspector's Email	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

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

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet	




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

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)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		DISMANIA RODRIGUEZ DEHOLGUIN (Printed Name)