



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	LETICIA DORMES		License Number	DCFH.56903	Date of Inspection	02/22/2024
			Expiration Date	3/31/2025	Time of Inspection	11:48 AM
Address	249 WILSON AVE NORWALK CT 06854-4614		Telephone	(203) 434-8679	Regular Capacity	6
			Days and Hours	MONDAY-FRIDAY 6:30 AM-5:00PM	School Age Capacity	3
# Children Present	8	# Under 18 months present	2		Summer Care	Open
Purpose of Inspection	Follow up on Proper Rest Provision		Name of Inspector	Candy Vargas		
Provider's Email	debrookpi@yahoo.com		Inspector's Email	candy.vargas@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(c)(5)]	068-Proper Rest Provisions/Safe Cribs	

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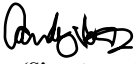


Discussions:

Provider was observed in the home with substitute caring for 8 children. Violations were not observed on proper rest provision.

Comments:

Inspection and exit interview were conducted in Spanish.

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)
Candy Vargas (Printed Name)	(Printed Name)		LETICIA DORMES (Printed Name)