



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	YOKASTA M BAEZ		License Number	DCFH.57625	Date of Inspection	04/05/2024
			Expiration Date	3/31/2026	Time of Inspection	03:28 PM
Address	18 MALTBY PL FL 2 NEW HAVEN CT 06513-3531		Telephone	(203) 915-5348	Regular Capacity	6
			Days and Hours	24hrs	School Age Capacity	3
# Children Present	7	# Under 18 months present	3	Summer Care	Open	
Purpose of Inspection	SAFE SLEEP FLOW .XUPÒ		Name of Inspector	Silvana Carreon Zegarra		
Provider's Email	yokastabaez681@gmail.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

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(f)(1) and/or 19a-87b-10(f)(4)]	073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet	
[19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	074-Crib or other Provision Free from Observable Hazards	

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


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

Safe Sleep in compliance during the visit.

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)
Silvana Carreon Zegarra (Printed Name)	(Printed Name)		YOKASTA M BAEZ (Printed Name)