



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	VIOLETA REYES		License Number	DCFH.54394	Date of Inspection	04/15/2024
			Expiration Date	10/31/2025	Time of Inspection	01:11 PM
Address	3075 OLD TOWN RD BRIDGEPORT CT 06606-1245		Telephone	(203) 260-3018	Regular Capacity	6
			Days and Hours	MON-FRI 6:30AM-5:30P M	School Age Capacity	3
# Children Present	7	# Under 18 months present	2	Summer Care	Open	
Purpose of Inspection	Follow up capacity and safe sleep		Name of Inspector	Eileen Ruiz		
Provider's Email	VIOLE.REYES@HOTMAIL.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

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	019-Substitute/Assistant	Present today.
[19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet	Mattresses secure at visit.


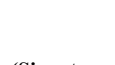
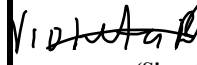
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<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

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)
Eileen Ruiz (Printed Name)	Eileen Ruiz (Printed Name)		VIOLETA REYES (Printed Name)