



## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	YOLANDA HIDALGO			<b>License Number</b>	DCFH.55455	<b>Date of Inspection</b>	04/16/2024
				<b>Expiration Date</b>	8/31/2026	<b>Time of Inspection</b>	12:38 PM
<b>Address</b>	12 SOCIETY HILL RD WATERBURY CT 06704-1581			<b>Telephone</b>	(646) 337-5059	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MONDAY-FRIDAY 6:30AM-6:30PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	5	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow Up Safe Sleep			<b>Name of Inspector</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	yolandahidalgo31@yahoo.com			<b>Inspector's Email</b>	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).

*Yolanda Hidalgo*

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-10(f)(1) and/or 19a-87b-10(f)(4)]	073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet	Observed snug fitting crib sheet where 3 month old sleeps.
[19a-87b-17(b)(5)]	102-Prescription Meds Stored/Labeled	Observed prescription label on child's medication.

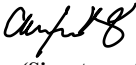
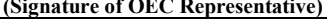
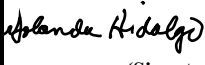
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<u>YES/NO:</u> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		YOLANDA HIDALGO (Printed Name)