



DIVISION OF LICENSING

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FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ANA PAULA M TAVARES		License Number	DCFH.53571	Date of Inspection	04/30/2024
			Expiration Date	9/30/2026	Time of Inspection	01:58 PM
Address	54 SUNNYSIDE RD NEWINGTON CT 06111-1338		Telephone	(860) 416-6018	Regular Capacity	6
			Days and Hours	Monday-Friday 7AM-5PM	School Age Capacity	3
# Children Present	4	# Under 18 months present	2	Summer Care	Open	
Purpose of Inspection	2-3 Month Partial Inspection for Safe Sleep Violation Cited During Full Inspection		Name of Inspector	Melina Perez		
Provider's Email	pt0514@icloud.com		Inspector's Email	melina.perez@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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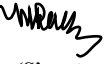


Discussions:

Partial unannounced inspection was conducted today for safe sleep violation cited during full inspection on 2/21/2024. #73-Provider was observed to be in compliance during today's partial inspection. No mattress inserts were observed in the pack n play that is used to nap an infant.

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)
Melina Perez (Printed Name)	Melina Perez (Printed Name)		ANA PAULA M TAVARES (Printed Name)