



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ROSA G DORMES RIVAS		License Number	DCFH.57125	Date of Inspection	05/02/2024
			Expiration Date	12/31/2026	Time of Inspection	12:48 PM
Address	245 WILSON AVE NORWALK CT 06854-4614		Telephone	(203) 820-6335	Regular Capacity	6
			Days and Hours	MONDAY-FRIDAY 7:00 A.M.-5:00 P.M.	School Age Capacity	3
# Children Present	0	# Under 18 months present	0	Summer Care	Open	
Purpose of Inspection	Follow up		Name of Inspector	Candy Vargas		
Provider's Email	alaiadaycare@gmail.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).

Rosa Dormes

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[19a-87b-8a]	021-Background Check	Failed to ensure comprehensive background check(s) have been conducted for household member.
[19a-87b-9(d)(5)]	033-Emergency Evacuation Drills-Quarterly	Failed to practice quarterly emergency evacuation drills.

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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-7(a)]	017-Medical Statement	
[19a-87b-9(d)(5)]	032-Emergency Plan	
[19a-87b-9(m) and/or 19a-87b-9(n)]	050-First Aid Supplies	

[19a-87b-10(c)(4)]

066-Flexible and Balanced Schedule

YES/NO: Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

Discussions:

Licensors emailed BCIS help at the time of inspection. Provider was informed that it is her responsibility to ensure that the household member's comprehensive background check is current.

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:
05/16/2024


(Signature of Person in Charge)

Candy Vargas
(Printed Name)

(Printed Name)

ROSA G DORMES RIVAS
(Printed Name)