



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	YOLANDA HIDALGO			<b>License Number</b>	DCFH.55455	<b>Date of Inspection</b>	06/17/2024
				<b>Expiration Date</b>	8/31/2026	<b>Time of Inspection</b>	02:49 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>	6	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Partial; 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).*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

### Regulatory Violations

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
<b>Other Findings-Regulations In Compliance</b>	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation:	Description:

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

--	--

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

--	--

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

--	--

<b>Statute and/or Regulation:</b>	<b>Description:</b>
-----------------------------------	---------------------

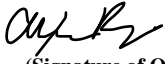


--	--

<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
-------------------	---

**DISCUSSIONS/COMMENTS**

No violations, provider is following all safe sleep requirements.

**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)
<b>Alexandra Rodriguez</b> (Printed Name)	 (Printed Name)		<b>YOLANDA HIDALGO</b> (Printed Name)