



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	DISMANIA RODRIGUEZ DEHOLGUIN		<b>License Number</b>	DCFH.57452	<b>Date of Inspection</b>	07/08/2024
			<b>Expiration Date</b>	12/31/2024	<b>Time of Inspection</b>	02:31 PM
<b>Address</b>	1119 E MAIN ST FL 1 WATERBURY CT 06705-1040		<b>Telephone</b>	(203) 592-3492	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	MONDAY-FRIDAY 24 hours	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<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>	dismaniar19@gmail.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>
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<b>Other Findings-Regulations In Compliance</b>	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

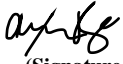


Statute and/or Regulation:	Description:

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

Discussed with provider her question regarding buying a new home and change of address. Reminded provider a notification of change must be submitted within five business days. Change of address documents must be completed and a water test must be completed. Provider understands inspection in new home must be done before caring for children. All safe sleep requirements and provisions are in compliance.

**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)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		DISMANIA RODRIGUEZ DEHOLGUIN (Printed Name)