



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	SONIA FELIZ DE CARLOS			<b>License Number</b>	DCFH.57871	<b>Date of Inspection</b>	07/10/2024
				<b>Expiration Date</b>	8/31/2027	<b>Time of Inspection</b>	01:20 PM
<b>Address</b>	9 4TH ST DANBURY CT 06810-5707			<b>Telephone</b>	(732) 430-6065	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	Monday- Friday 7am-5:30pm	<b>School Age Capacity</b>	3
<b># Children Present</b>	7	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up for infant safe sleep			<b>Name of Inspector</b>	Janarish Lopez		
<b>Provider's Email</b>	Saf0307@outlook.es			<b>Inspector's Email</b>	janarish.lopez@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).*

*Sonia Feliz*

*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>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-10(f)(1) and/or 19a-87b-10(f)(2)]	<b>Description:</b> 072-Infants Placed on Back for Sleeping
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<b>Statute and/or Regulation:</b> [19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	<b>Description:</b> 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
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<b>Statute and/or Regulation:</b> [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	<b>Description:</b> 074-Crib or other Provision Free from Observable Hazards
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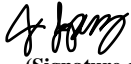
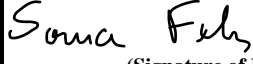
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Discussed safe sleep with provider and the substitute, went over the regulations that are not limited to the appropriate crib to be used for an infant, proper rest positions (supine), infant sleep area needing to be clear of any hazards, having enough cribs for the infants in the care and checking on infants no less than every 15 minutes while they sleep. - the safe sleep document was left in both English and Spanish for the provider, staff and parents.

**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>Janarish Lopez</b> (Printed Name)	 (Printed Name)		<b>SONIA FELIZ DE CARLOS</b> (Printed Name)