



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARIA E HOLGUIN			License Number	DCFH.46420	Date of Inspection	10/10/2024
				Expiration Date	11/30/2024	Time of Inspection	09:25 AM
Address	39 BOULEY AVE WATERBURY CT 06705-1213			Telephone	(203) 233-5641	Regular Capacity	6
				Days and Hours	MONDAY- FRIDAY 6:00 AM- 5:00 PM	School Age Capacity	3
# Children Present	4	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Announced Technical Assistance			Name of Inspector	Alexandra Rodriguez		
Provider's Email	mariaholguinmh91@gmail.com			Inspector's Email	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).

Maria Holguin

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:


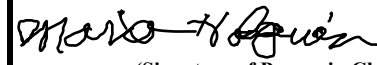
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Substitute present during inspection.
No violations.

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *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)		MARIA E HOLGUIN (Printed Name)