



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	YENIFER M ARIAS DISLA			License Number	DCFH.57784	Date of Inspection	10/30/2024
				Expiration Date	2/28/2027	Time of Inspection	01:30 PM
Address	94 SYLVAN AVE # 1 WATERBURY CT 06706-1539			Telephone	(203) 510-0658	Regular Capacity	6
				Days and Hours	Monday- Friday 24 hours	School Age Capacity	3
# Children Present	6	# Under 18 months present	2			Summer Care	Open
Purpose of Inspection	Follow from full			Name of Inspector	Janarish Lopez		
Provider's Email	yenidisla1895@gmail.com			Inspector's Email	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).

Yenifer Disla

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-5(j)]	Description: 011-Notification of Change
Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check

Statute and/or Regulation: [19a-87b-10(b)(1)]	Description: 053-Enrollment Form
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Statute and/or Regulation: [19a-87b-10(b)(2)]	Description: 054-Child Health Record
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Statute and/or Regulation: [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(1)]	Description: 055-Immunizations
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Statute and/or Regulation: [19a-87b-10(b)(3)(A)]	Description: 057-Authorized Release
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

DefS: 92228
No violations found at time of visit
Discussed with substitute:
ensure that routine is continued throughout the day any time the provider is out in the day care.
And a reminder that any child in the care must have all the correct documents even if in care for one day.

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)
Janarish Lopez (Printed Name)	 (Printed Name)		Maria Disla (substitute) (Printed Name)