



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ANGELA WILLIAMS			License Number	DCFH.56499	Date of Inspection	11/18/2024
				Expiration Date	7/31/2026	Time of Inspection	08:56 AM
Address	107 HALLETT ST BRIDGEPORT CT 06608-2502			Telephone	(475) 298-5745	Regular Capacity	6
				Days and Hours	SUNDAY-SATURDAY 7:00 A.M.-6:00 P.M. AVAILABLE 7 DAYS	School Age Capacity	3
# Children Present	2	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow-up			Name of Inspector	Eileen Ruiz		
Provider's Email	acwilliams10644@yahoo.com			Inspector's Email	eileen.ruiz@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

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: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-5(f)(2)]	Description: 007-License Posted
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Statute and/or Regulation: [19a-87b-9(h)]	Description: 046-Water Temperature
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Statute and/or Regulation: [19a-87b-9(m) and/or 19a-87b-9(n)]	Description: 050-First Aid Supplies
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Statute and/or Regulation: [19a-87b-10(f)(8)]	Description: 077-Reqts for Sleeping Arrangements Posted/Discussed
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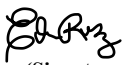

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Inspection will remain open until pet receives their rabies vaccine on Dec 17th 2024.

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)
Eileen Ruiz (Printed Name)	 (Printed Name)		ANGELA WILLIAMS (Printed Name)