



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	HEISY DECENA FLORES			License Number	DCFH.57914	Date of Inspection	12/04/2024
				Expiration Date	10/31/2027	Time of Inspection	02:25 PM
Address	31 CAMP ST WATERBURY CT 06704-3929			Telephone	(203) 768-9872	Regular Capacity	6
				Days and Hours	Monday- Saturday 5:30 am- 10 pm	School Age Capacity	3
# Children Present	4	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Bottle feeding , safe sleep, supervision, capacity			Name of Inspector	Janarish Lopez		
Provider's Email	decenaheisy@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).

Heisy

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


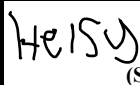
Statute and/or Regulation: [19a-87b-10(c)(5)]	Description: 068-Proper Rest Provisions/Safe Cribs
Statute and/or Regulation: [19a-87b-10(e)]	Description: 071-Infant Care: Individual Attention/Held for Bottle Feedings
Statute and/or Regulation: [19a-87b-10(f)(1) and/or 19a-87b-10(f)(2)]	Description: 072-Infants Placed on Back for Sleeping
Statute and/or Regulation: [19a-87b-10(f)(1) and/or 19a-87b-10(f)(4)]	Description: 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet

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

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)		HEISY DECENA FLORES (Printed Name)