



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	EMYLLY SOUZA SILVA			License Number	DCFH.57638	Date of Inspection	12/12/2024
				Expiration Date	4/30/2026	Time of Inspection	09:20 AM
Address	47 OVERLOOK DR NEW MILFORD CT 06776-4729			Telephone	(203) 909-9495	Regular Capacity	6
				Days and Hours	monday- friday 6am-6pm	School Age Capacity	3
# Children Present	7	# Under 18 months present	3			Summer Care	Open
Purpose of Inspection	Partial - safe sleep			Name of Inspector	Alexandra Rodriguez		
Provider's Email	silva.emylly@icloud.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).

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:	Description:
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Statute and/or Regulation:	Description:

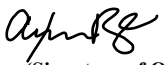


YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Substitute present with provider
 DCFS: 92362
 Provider recited the safe sleep regulations and requirements to licensing specialist.
 No violations during inspection. Provider in compliance with all safe sleep requirements and regulations.

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)		EMYLly SOUZA SILVA (Printed Name)