



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	YAMILKYS RAMIREZ			<b>License Number</b>	DCFH.57484	<b>Date of Inspection</b>	01/21/2025
				<b>Expiration Date</b>	3/31/2029	<b>Time of Inspection</b>	11:01 AM
<b>Address</b>	61 HAWKINS ST WATERBURY CT 06704-3323			<b>Telephone</b>	(475) 313-3783	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	Monday - Sunday 24 hours	<b>School Age Capacity</b>	3
<b># Children Present</b>	3	<b># Under 18 months present</b>	1			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up -safe sleep			<b>Name of Inspector</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	yamilky20@gmail.com			<b>Inspector's Email</b>	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).

*Alexandra Rodriguez*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

**Regulatory Violations**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings-Regulations In Compliance</b>	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-10(f)(3) and/or 19a-87b-10(f)(7)]	<b>Description:</b> 074-Crib or other Provision Free from Observable Hazards
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Only Substitute present during follow up - reviewed importance of safe sleep regulations o with substitute. Spoke with provider on phone at the end of inspection, ensuring follow up had no violations. DCFS 91980

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
<b>Alexandra Rodriguez</b> (Printed Name)	 (Printed Name)		<b>YAMILKYS RAMIREZ</b> (Printed Name)