



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ANITA PESCOSOLIDO				License Number	DCFH.31165	Date of Inspection	05/21/2025
					Expiration Date	9/30/2026	Time of Inspection	10:10 AM
Address	96 BRENT DR VERNON CT 06066-6239				Telephone	(860) 559-4579	Regular Capacity	6
					Hours of Operation	6:30 AM 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	4	Night Hours	No
Type of Inspection	Follow-up for Safe Sleep.				Inspector's Name	Carmen Valenzuela		
Provider's Email	anitapescosolido@gmail.com				Inspector's Email	carmen.valenzuela@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
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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(f)(3) and/or 19a-87b-10(f)(7)]		Description: 074-Crib or other Provision Free from Observable Hazards	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
YES/NO: No		WERE VIOLATIONS CITED DURING THIS VISIT?	
DISCUSSIONS/COMMENTS			
New flyer on Safe Sleep in Child Care were given to provider today.			
IMPORTANT NOTES			
- It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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. Providers are required by statutes and regulations to be in compliance at all times. - APPLICANTS –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.			
 (Signature of OEC Representative)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Carmen Valenzuela (Printed Name)			ANITA PESCOSOLIDO (Printed Name)