



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	JACKELINE CANALES				License Number	DCFH.56744	Date of Inspection	12/02/2025
					Expiration Date	1/31/2028	Time of Inspection	12:54 PM
Address	995 SYLVAN AVE BRIDGEPORT CT 06606-3057				Telephone	(203) 919-2251	Regular Capacity	6
					Hours of Operation	7:00 AM – 6:00 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	5	Night Hours	No
Type of Inspection	Follow-up for safe sleep (crib)				Inspector's Name	Ana Sanchez		
Provider's Email	jackysan50@gmail.com				Inspector's Email	ana.m.sanchez@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(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:

Statute and/or Regulation:	Description:



Statute and/or Regulation:	Description:

WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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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. Providers are required by statutes and regulations to be in compliance at all times.*
- *APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.*

 <small>(Signature of OEC Representative)</small>	 <small>(Signature of OEC Representative)</small>	DATE CORRECTIONS DUE BY:	 <small>(Signature of Provider/Substitute/Applicant)</small>
Ana Sanchez <small>(Printed Name)</small>	 <small>(Printed Name)</small>		JACKELINE CANALES <small>(Printed Name)</small>