



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ANA M SANTANA				License Number	DCFH.56895	Date of Inspection	12/08/2025
					Expiration Date	1/31/2029	Time of Inspection	12:14 PM
Address	39 ELDRIDGE ST WATERBURY CT 06704-2511				Telephone	(203) 982-0637	Regular Capacity	6
					Hours of Operation	6:30 AM – 5:00 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	Partial- supervision,safe sleep requirements				Inspector's Name	Alexandra Rodriguez		
Provider's Email	alexgrace253@gmail.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-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

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

No violations observed during inspection. Provider is aware of maintaining compliance in regards to safe sleep requirements and supervising children at all times.

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.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		ANA M SANTANA (Printed Name)