



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MILLICENT R HENRY				License Number	DCFH.53132	Date of Inspection	03/19/2026
					Expiration Date	9/30/2029	Time of Inspection	01:00 PM
Address	496 HART ST BRIDGEPORT CT 06606-4738				Telephone	(203) 953-8660	Regular Capacity	6
					Hours of Operation	24 HOURS – 24 HOURS	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sun	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	Yes
					Total children present	5	Night Hours	Yes
Type of Inspection	Follow up for infant safe sleep				Inspector's Name	Rebecca LaRosa		
Provider's Email	millicenthenry02@gmail.com				Inspector's Email	rebecca.larosa@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).

M. Henry

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: [19a-87b-10(c)(5)]	Description: 068-Proper Rest Provisions/Safe Cribs
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Statute and/or Regulation: [19a-87b-10(e)]	Description: 071-Infant Care: Individual Attention/Held for Bottle Feedings
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Statute and/or Regulation: [19a-87b-10(f)(1)]	Description: 072-Infants Placed on Back for Sleeping
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Statute and/or Regulation: [19a-87b-10(f)(1)]	Description: 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
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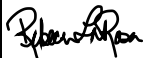

WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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DISCUSSIONS/COMMENTS

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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)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Rebecca LaRosa (Printed Name)	 (Printed Name)		MILLICENT R HENRY (Printed Name)