



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

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| Provider | NETA L BAUTISTA SANCHEZ | | | | License Number | DCFH.57792 | Date of Inspection | 03/24/2026 |
| | | | | | Expiration Date | 2/28/2027 | Time of Inspection | 12:15 PM |
| Address | 196 NEW HAVEN AVE WATERBURY CT 06708-4532 | | | | Telephone | (201) 889-6546 | 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 | 0 | Weekend Hours | Yes |
| | | | | | Total children present | 0 | Night Hours | Yes |
| Type of Inspection | Inspection Follow-up due to Playground Snow Covered. | | | | Inspector's Name | Jenny Ferreira | | |
| Provider's Email | jendrynetty@gmail.com | | | | Inspector's Email | jenny.ferreira@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

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| 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-9(f)(1-2)] | Description: 039-Indoor/Outdoor Space-Safe and Sufficient |
| Visible playground floor. In compliance. | |
| Statute and/or Regulation: | Description: |
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| Statute and/or Regulation: | Description: |
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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 |
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- *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.*

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|  (Signature of OEC Representative) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: |  (Signature of Provider/Substitute/Applicant) |
| Jenny Ferreira (Printed Name) | (Printed Name) | | NETA L BAUTISTA SANCHEZ (Printed Name) |