



**DIVISION OF LICENSING**  
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**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	<b>CREISA ORTIZ</b>				<b>License Number</b>	<b>DCFH.56390</b>	<b>Date of Inspection</b>	<b>05/07/2026</b>
		<b>Expiration Date</b>	<b>11/30/2029</b>	<b>Time of Inspection</b>	<b>03:26 AM</b>			
<b>Address</b>	<b>95 FLEMING ST WATERBURY CT 06710-1419</b>				<b>Telephone</b>	<b>(203) 598-5879</b>	<b>Regular Capacity</b>	<b>6</b>
		<b>Hours of Operation</b>	<b>6:30 AM – 5:00 PM</b>	<b>School Age Capacity</b>	<b>3</b>			
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>	<b>Days of Operation</b>	<b>Mon-Fri</b>	<b>Summer Hours</b>	<b>Open</b>
<b>New Address</b>		<b># Under 18 mths present</b>	<b>1</b>	<b>Weekend Hours</b>	<b>No</b>			
		<b>Total children present</b>	<b>4</b>	<b>Night Hours</b>	<b>No</b>			
<b>Type of Inspection</b>	<b>3-month partial inspection for safe sleep</b>				<b>Inspector's Name</b>	<b>Ana Sanchez</b>		
<b>Provider's Email</b>	<b>creisa1220@hotmail.com</b>				<b>Inspector's Email</b>	<b>ana.m.sanchez@ct.gov</b>		

*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**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-5(d) and/or 10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-10(f)(1)]	<b>Description:</b> 073-Infants Placed in Safe Crib/Snug Mattress/Tight Sheet
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The regulation regarding safe cribs was found to be in compliance during this visit.

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	<b>YES/NO:</b> 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.

 (Signature of OEC Representative)		<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Substitute/Applicant)
<b>Ana Sanchez</b> (Printed Name)	 (Printed Name)		<b>CREISA ORTIZ</b> (Printed Name)