



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	WENDY COX			License Number	DCFH.36867	Date of Inspection	12/27/2023
				Expiration Date	5/31/2026	Time of Inspection	08:09 AM
Address	156 WEST ROCKS RD NORWALK CT 06851			Telephone	(203) 856-2214	Regular Capacity	6
				Days and Hours	MON-FRI 7:30AM-4.30PM	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up on Body of Water			Name of Inspector	Candy Vargas		
Provider's Email	wendyst.amand@gmail.com			Inspector's Email	candy.vargas@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

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	040-Body of Water	

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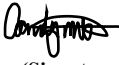
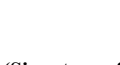

Discussions:

Comments:

Fencing around the pool measures 4 feet tall. Rocks were removed.

NOTE: 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.

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 Person in Charge)
Candy Vargas (Printed Name)	Candy Vargas (Printed Name)		WENDY COX (Printed Name)