



**DIVISION OF LICENSING**

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**FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL**

<b>Provider</b>	ROSA A ACEVEDO			<b>License Number</b>	DCFH.57768	<b>Date of Inspection</b>	01/03/2024
				<b>Expiration Date</b>	12/31/2026	<b>Time of Inspection</b>	08:16 AM
<b>Address</b>	21 SPRUCE ST APT A NORWALK CT 06850-3612			<b>Telephone</b>	(347) 340-7353	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	Monday - Friday 5:30 AM - 6:00 PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	0	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Change of Address			<b>Name of Inspector</b>	Candy Vargas		
<b>Provider's Email</b>	littlelambsfhdc@gmail.com			<b>Inspector's Email</b>	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
[19a-87b-9(h)]	046-Water Temperature	Failed to maintain safe water temperature between 60-120 degrees.

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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-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	019-Substitute/Assistant	
[19a-87b-8a]	021-Background Check	

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<b>YES/NO:</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

Water test was submitted at the time of inspection, and emailed prior to the inspection. There is sufficient space in the home to maintain a capacity of 6+3. Garage which entrance is on the side of the home was abilitate for care, and attached to a bedroom which will also be used for childcare.

**Comments:**

**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)	<b>DATE CORRECTIONS DUE BY:</b> 01/17/2024	 (Signature of Person in Charge)
Candy Vargas (Printed Name)	Candy Vargas (Printed Name)		ROSA A ACEVEDO (Printed Name)