



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	EVANILDE ALVES DE SOUZA		<b>License Number</b>	DCFH.56577	<b>Date of Inspection</b>	01/22/2024
			<b>Expiration Date</b>	12/31/2026	<b>Time of Inspection</b>	12:12 PM
<b>Address</b>	12 MORRIS ST APT 1 DANBURY CT 06810-5463		<b>Telephone</b>	(203) 300-0677	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	MONDAY-FRIDAY 6:30AM-5:30PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	9	<b># Under 18 months present</b>	2	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Follow up (capacity)		<b>Name of Inspector</b>	Janarish Lopez		
<b>Provider's Email</b>	souza_nilde@yahoo.com		<b>Inspector's Email</b>	janarish.lopez@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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<b>Other Findings-In Compliance</b>		
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Statute and/or Regulation	Description	Comments
[19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	019-Substitute/Assistant	




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

**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>	 (Signature of Person in Charge)
Janarish Lopez (Printed Name)	(Printed Name)		EVANILDE ALVES DE SOUZA (Printed Name)