



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARIA A LOPEZ			License Number	DCFH	Date of Inspection	03/19/2024
				Expiration Date		Time of Inspection	08:20 AM
Address	39 HIGH ST WATERBURY CT 06704-4038			Telephone	(203) 565-7570	Regular Capacity	6
				Days and Hours	Monday- Friday 6am-5pm	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up from initial			Name of Inspector	Janarish Lopez		
Provider's Email	Marialopez5657@gmail.com			Inspector's Email	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
[19a-87b-6(a)]	012-Awareness of/Understanding of Regulations	Provider stated she has not read and doesn't have an understanding of the regulations.

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Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-8a]	021-Background Check	
[19a-87b-9(d)(7)]	035-Carbon Monoxide Detector	
[19a-87b-9(f)(1)]	039-Safe Space-Sufficient	
[19a-87b-10(c)(1)]	063-Sufficient Play Equipment	

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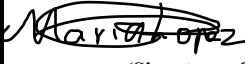
YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

Reviewed capacity and safe sleep with the applicant.

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)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Janarish Lopez (Printed Name)	(Printed Name)		MARIA A LOPEZ (Printed Name)