



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	EVANILDE ALVES DE SOUZA		License Number	DCFH.56577	Date of Inspection	04/16/2024
			Expiration Date	12/31/2026	Time of Inspection	11:53 AM
Address	12 MORRIS ST APT 1 DANBURY CT 06810-5463		Telephone	(203) 300-0677	Regular Capacity	6
			Days and Hours	MONDAY-FRIDAY 6:30AM-5:30PM	School Age Capacity	3
# Children Present	8	# Under 18 months present	2	Summer Care	Open	
Purpose of Inspection	Partial: capacity		Name of Inspector	Janarish Lopez		
Provider's Email	souza_nilde@yahoo.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
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance		
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Statute and/or Regulation	Description	Comments
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	019-Substitute/Assistant	



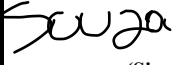
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<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

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)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Janarish Lopez (Printed Name)	(Printed Name)		EVANILDE ALVES DE SOUZA (Printed Name)