



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

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

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	FREHA SHAHZAD			License Number	DCFH.56631	Date of Inspection	04/18/2024
				Expiration Date	5/31/2027	Time of Inspection	09:57 AM
Address	20 GREENWOOD AVE DARIEN CT 06820-2401			Telephone	(203) 917-5427	Regular Capacity	6
				Days and Hours	MONDAY TO FRIDAY 9A-12PM	School Age Capacity	3
# Children Present	0	# Under 18 months present	0	Summer Care	Open		
Purpose of Inspection	Follow up inspection 6/26/33 CAP			Name of Inspector	Silvana Carreon Zegarra		
Provider's Email	montessoriplaycare@gmail.com			Inspector's Email	silvana.carreon-zegarra@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-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	

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

The provider provide the. Corrective action Plan

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)
Silvana Carreon Zegarra (Printed Name)	(Printed Name)		FREHA SHAHZAD (Printed Name)