

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ANASTASIA KODONAS			License Number	DCFH.57187	Date of Inspection	05/30/2024
				Expiration Date	4/30/2027	Time of Inspection	03:56 PM
Address	154 WEST ROCKS RD NORWALK CT 06851			Telephone	(203) 840-1091	Regular Capacity	6
				Days and Hours	MON - FRI 7:30AM - 4:30PM	School Age Capacity	3
# Children Present	1	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow upon capacity			Name of Inspector	Candy Vargas		
Provider's Email	staceykodonas@yahoo.com			Inspector's Email	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

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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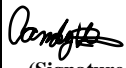

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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Capacity was observed in compliance.

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)
Candy Vargas (Printed Name)	 (Printed Name)		ANASTASIA KODONAS (Printed Name)