



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	LESLIE ARZU			License Number	DCFH.54840	Date of Inspection	06/12/2024
				Expiration Date	11/30/2024	Time of Inspection	08:05 AM
Address	835 MERIDEN ROAD WATERBURY CT 06705			Telephone	(203) 573-8184	Regular Capacity	6
				Days and Hours	MONDAY -FRIDAY 6:00AM-6:30PM	School Age Capacity	3
# Children Present	2	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up from full			Name of Inspector	Janarish Lopez		
Provider's Email	laray1212@sbcglobal.net			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

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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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(o)]	Description: 051-Pets
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Statute and/or Regulation: [19a-87b-10(b)(1)]	Description: 053-Enrollment Form
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Statute and/or Regulation: [19a-87b-10(b)(2)]	Description: 054-Child Health Record
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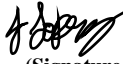
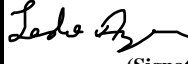
Statute and/or Regulation: [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	Description: 055-Immunizations
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<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Did not observe an violations at the time of visit

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)		LESLIE ARZU (Printed Name)