



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MARIA E LOPEZ		License Number	DCFH.56327	Date of Inspection	07/01/2024
			Expiration Date	7/31/2025	Time of Inspection	01:27 PM
Address	21 LEXINGTON AVE		Telephone	(203) 228-1416	Regular Capacity	6
	WATERBURY	CT 06710-1435	Days and Hours	MONDAY-FRIDAY 6A.M.- 10pm	School Age Capacity	3
# Children Present	6	# Under 18 months present	2		Summer Care	Open
Purpose of Inspection	Follow up to partial, capacity		Name of Inspector	Alexandra Rodriguez		
Provider's Email	marilenalopez@yahoo.com		Inspector's Email	alexandra.rodriguez@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).

Amy Jones

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation:	[19a-87b-10(c)(5)]	Description:	068-Proper Rest Provisions/Safe Cribs
Observed one Graco pack n play with substitute mat insert. Observed two children sleeping on carpet on floor with pillow and blanket.			
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:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

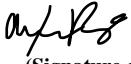
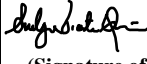
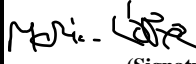
Statute and/or Regulation:	Description:

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

Discussed with provider, regarding visit on 6/5/24 provider stated she ensures grandchild of 3 months old is placed on his back to sleep and tends to roll over on his own.
 Discussed with provider transferability of license, substitute not being primary caregiver to children for more than an hour on a regular basis.
 Discussed with provider importance of washing children's hands prior to snack.

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: 07/15/2024	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	Evelyn Vicente Quiñones (Printed Name)		MARIA E LOPEZ (Printed Name)