



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	MARIA ERICA DIEGO			<b>License Number</b>	DCFH.57872	<b>Date of Inspection</b>	07/09/2024
				<b>Expiration Date</b>	8/31/2027	<b>Time of Inspection</b>	09:08 AM
<b>Address</b>	44 SCHUYLER AVE # 1 STAMFORD CT 06902-3710			<b>Telephone</b>	(475) 419-4913	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	Monday- Friday 7:00 Am- 6:00 PM	<b>School Age Capacity</b>	3
<b># Children Present</b>	1	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up inspection			<b>Name of Inspector</b>	Candy Vargas		
<b>Provider's Email</b>	Mariadiego688@gmail.com			<b>Inspector's Email</b>	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

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
No violations were cited during this inspection	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings-Regulations In Compliance</b>	
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-7(a)]	Description: 017-Medical Statement
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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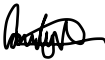


Statute and/or Regulation:	Description:
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

CAP was completed at the time of inspection and submitted. The provider also submitted the water led test, as well as her minor child's updated medical. The large couch observed during the COA inspection was removed. Provider's daughter was present during the inspection.

**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)
<b>Candy Vargas</b> (Printed Name)	 (Printed Name)		<b>MARIA ERICA DIEGO</b> (Printed Name)