



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

|                              |                                     |                                  |   |                          |                             |                            |            |
|------------------------------|-------------------------------------|----------------------------------|---|--------------------------|-----------------------------|----------------------------|------------|
| <b>Provider</b>              | MARIA CELIA ARANTES                 |                                  |   | <b>License Number</b>    | DCFH.56441                  | <b>Date of Inspection</b>  | 07/16/2024 |
|                              |                                     |                                  |   | <b>Expiration Date</b>   |                             | <b>Time of Inspection</b>  | 09:34 AM   |
| <b>Address</b>               | 39 FARM ST<br>DANBURY CT 06811-4612 |                                  |   | <b>Telephone</b>         | (203) 460-6643              | <b>Regular Capacity</b>    | 6          |
|                              |                                     |                                  |   | <b>Days and Hours</b>    | Monday-Friday<br>7am-5:30pm | <b>School Age Capacity</b> | 3          |
| <b># Children Present</b>    | 0                                   | <b># Under 18 months present</b> | 0 |                          |                             | <b>Summer Care</b>         | Open       |
| <b>Purpose of Inspection</b> | Follow up from initial              |                                  |   | <b>Name of Inspector</b> | Janarish Lopez              |                            |            |
| <b>Provider's Email</b>      | celia.arts@gmail.com                |                                  |   | <b>Inspector's Email</b> | 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

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

