



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SONIA FELIZ DE CARLOS			License Number	DCFH.57871	Date of Inspection	08/13/2024
				Expiration Date	8/31/2027	Time of Inspection	12:50 PM
Address	9 4TH ST DANBURY CT 06810-5707			Telephone	(732) 430-6065	Regular Capacity	6
				Days and Hours	Monday- Friday 7am-5:30pm	School Age Capacity	3
# Children Present	5	# Under 18 months present	4			Summer Care	Open
Purpose of Inspection	Follow up- supervision and infant bottle feeding			Name of Inspector	Janarish Lopez		
Provider's Email	Saf0307@outlook.es			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).

Sonia Feliz

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(e)]	Description: 071-Infant Care: Individual Attention/Held for Bottle Feedings
Statute and/or Regulation: [19a-87b-10(i)]	Description: 081-Supervision-At All Times, Indoors/Outdoors

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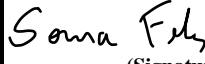
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

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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)		DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Janarish Lopez (Printed Name)			SONIA FELIZ DE CARLOS (Printed Name)