



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	SONIA FELIZ DE CARLOS			<b>License Number</b>	DCFH.57871	<b>Date of Inspection</b>	08/20/2024
				<b>Expiration Date</b>	8/31/2027	<b>Time of Inspection</b>	11:40 AM
<b>Address</b>	9 4TH ST DANBURY CT 06810-5707			<b>Telephone</b>	(732) 430-6065	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	Monday- Friday 7am-5:30pm	<b>School Age Capacity</b>	3
<b># Children Present</b>	6	<b># Under 18 months present</b>	4			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Supervision follow up			<b>Name of Inspector</b>	Janarish Lopez		
<b>Provider's Email</b>	Saf0307@outlook.es			<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).

*Sonia Feliz*

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>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	<b>Description:</b> 019-Substitute/Assistant
<b>Statute and/or Regulation:</b> [19a-87b-10(i)]	<b>Description:</b> 081-Supervision-At All Times, Indoors/Outdoors

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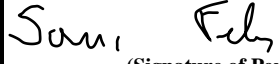
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

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