



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SILVIA TAPIA			License Number	DCFH.56801	Date of Inspection	10/09/2024
				Expiration Date	5/31/2028	Time of Inspection	12:49 PM
Address	49 CLINTON AVE NORWALK CT 06854-1201			Telephone	(203) 822-3062	Regular Capacity	6
				Days and Hours	MONDAY-FRIDAY 8AM TO 5:30PM	School Age Capacity	3
# Children Present	8	# Under 18 months present	4			Summer Care	Open
Purpose of Inspection	Safe Sleep Follow Up			Name of Inspector	Candy Vargas		
Provider's Email	kplayroomdaycare@gmail.com			Inspector's Email	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

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(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-10(f)(1) and/or 19a-87b-10(f)(2)]	Description: 072-Infants Placed on Back for Sleeping

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:



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

Upon arrival two substitutes were observed caring for 8 children, DCFS 90922 & DCFS 90937
 Safe sleep observed to be in compliance.

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *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)
Candy Vargas (Printed Name)	 (Printed Name)		Maria Del Rosario Mendez Recarte/ Substitute (Printed Name)