



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MONICA ELIZABETH SAMANIEGO		License Number	DCFH.57922	Date of Inspection	10/10/2024
			Expiration Date	11/30/2027	Time of Inspection	09:27 AM
Address	5 1ST ST # 2 DANBURY CT 06810-5001		Telephone	(203) 528-2131	Regular Capacity	6
			Days and Hours	Monday- Saturday 6am-7pm	School Age Capacity	3
# Children Present	6	# Under 18 months present	4	Summer Care	Open	
Purpose of Inspection	Follow up for capacity		Name of Inspector	Janarish Lopez		
Provider's Email	monicarod3232@gmail.com		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).

Monica Samaniego

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-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant
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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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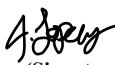
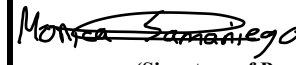
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Discussed maintaining documents of children no longer enrolled for 1 year. maintaining documents of all children in care, in the licensed childcare. And ensuring and the staff understand and follow the office of early childhoods regulations.

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)
Janarish Lopez (Printed Name)	 (Printed Name)		MONICA ELIZABETH SAMANIEGO (Printed Name)